



Patricia Martin  
 Treasurer  
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**LODGING TAX MONTHLY REPORTING FORM**

Owner's Name:		Tax Year:	
Business Name:		Tax Month:	
Email Address:		Phone #:	
Address of Rental:			
Email Address:			

1. MONTHLY GROSS RECEIPTS FROM ALL LODGING RENTALS:		1.\$
2. ALLOWABLE DEDUCTION:		
a. Exempt Rentals (30 continuous days or more)      2a \$ _____		
b. Refund on rentals included on Line 1 above      2b \$ _____		
c. Refund on rentals included on prior returns      2c \$ _____		
d. Total deductions		2d \$
3. NET GROSS RECEIPTS (Line 1 Less Line 2d)		3.\$
4. TRANSIENT OCCUPANCY TAX (Line 3 X 5%)		4.\$
5. LESS 3% OF TAX IF PAID BY THE 20 <sup>TH</sup> (Line 4 X 3%)		5.\$
6. TAX REMITTED ON YOUR BEHALF BY ACCOMODATION INTERMEDIARIES:		
<u>Online Intermediary</u> <u>Gross Receipts</u> <u>Tax Paid on Your Behalf</u>		
_____      _____      _____		
_____      _____      _____		
_____      _____      _____		
<i>You must provide transactional documentation from the accommodations intermediary.</i>		6.\$
7. TOTAL TAX DUE (Line 4 less Line 5 minus line 6)		7.\$
8. LATE FILING PENALTY (Line 7 X 10%)		8.\$
9. INTEREST (8% Per Annum of the total of Line 7 and Line 8)		9.\$
10. TOTAL TAX, PENALTY & INTEREST (Add lines 7 through 9)		10.\$

By signing this return I hereby declare that this return has been examined by me and is true, complete, and correct to the best of my knowledge and belief.

\_\_\_\_\_  
 Signature Date

To avoid penalty and interest, this return with payment and documentation must be filed or postmarked on or before the 20<sup>th</sup> day of the month for the previous reporting month.

**FOR OFFICE USE ONLY**

Date Received: If received after the 20 <sup>th</sup> was it postmarked by the 20 <sup>th</sup> ?	Amt. Received:	Check #
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