

CLARION COUNTY HOTEL EXCISE TAX MONTHLY REPORT

Reporting Period: _____ To _____

Business Name: _____

Business Address: _____

Phone Number: _____ Email: _____

GROSS RECEIPTS	-	\$
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LESS TAX EXEMPT CERTIFICATES	-	\$
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TAXABLE RECEIPTS		\$
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AMOUNT TAX COLLECTED AT 3%		\$
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TAX DUE		\$
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PLUS LATE PAYMENT FEE AT .75% PER MONTH		\$
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LESS PERMANENT RESIDENTS CREDIT		\$
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TOTAL PAYMENT DUE		\$
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1. Number of Rooms _____ x _____ (days in period) = _____

2. Total Number of Rooms Occupied per Period _____

This tax is to be collected by the operator of each facility from each person who rents a room. Each operator is required to file a tax return and remit tax due on each before the 15th day of each month subsequent to the quarter in which the tax is levied. If there is no tax due for a given period, file return indication "NO TAX DUE" on the Tax Due Line.

I HEREBY CERTIFY THAT THIS RETURN HAS BEEN EXAMINED BY ME AND THAT THE INFORMATION HEREIN IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Title: _____ Date: _____

REMIT BY THE 15TH OF EACH MONTH FOR THE PRIOR QUARTER.

MAKE CHECK PAYABLE TO: **CLARION COUNTY TREASURER**

Mail To: KARYN MONTANA
Clarion County Treasurer
330 Main Street, Room 110
Clarion, PA 16214

Phone 814-226-1113 Fax 814-226-8069

Email kmontana@co.clarion.pa.us