

# CLARION COUNTY HOTEL EXCISE TAX QUARTERLY REPORT

Reporting Period: \_\_\_\_\_ To \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

GROSS RECEIPTS		\$
LESS TAX EXEMPT CERTIFICATES	-	\$
TAXABLE RECEIPTS		\$
AMOUNT TAX COLLECTED AT 3%		\$
TAX DUE		\$
PLUS LATE PAYMENT FEE AT .75% PER MONTH		\$
LESS PERMANENT RESIDENTS CREDIT		\$
TOTAL PAYMENT DUE		\$

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 15<sup>th</sup> 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 15<sup>TH</sup> OF EACH MONTH FOR THE PRIOR QUARTER.

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

Mail To: TOM McCONNELL  
Clarion County Treasurer  
330 Main Street, Room 110  
Clarion, PA 16214

Phone 814-226-1113

Fax 814-297-7808

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