

ANNUAL ROOM TAX REPORT

Reporting Quarter (circle): 1 2 3 4 Year: _____

Permit No.: _____ Owner or Operator Name: _____

Lodging Physical Address: _____

Mailing Address: _____

Phone: _____ Email: _____

Room Tax Computation

A. Gross Receipts

	Reported	Actual	Difference
1 st Quarter			
2 nd Quarter			
3 rd Quarter			
4 th Quarter			
TOTAL			

B. Gross Receipts - Marketplace

	Reported	Actual	Difference
1 st Quarter			
2 nd Quarter			
3 rd Quarter			
4 th Quarter			
TOTAL			

Amount Due to Town: _____

If Total Difference Amount is a negative amount, credit due to Owner: _____

I certify that the above figures are true and correct. Date: _____

Signature: _____ Name: _____

Please submit one signed copy of this report to the Town by the 30th day of the following month for which tax was collected. Post office postmark will be accepted.

A LATE FILING FEE AND INTEREST PER MONTH WILL BE IMPOSED FOR ALL REPORTS AND TAXES RECEIVED AFTER THE DUE DATE.