

**QUARTERLY 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

1. Gross Receipts: \_\_\_\_\_

2. Less Marketplace Providers:

Provider	Gross Receipts	5% of Gross Receipts	Less 2% Retention	Total Due to Town
VRBO				
AirBnB				
HomeAway				
Other:				
TOTAL				

3. 5% of Gross Receipts: \$ \_\_\_\_\_

4. Less 2% Retention: \$ \_\_\_\_\_

5. Total Balance Due to Town: \$ \_\_\_\_\_

6. Total Due From Marketplace Providers: \$ \_\_\_\_\_

**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. You must include payment unless tax is collected by a Marketplace Provider.

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