

COMPLETION OF TAX RETURN FORM

TOTAL GROSS RECEIPTS FOR PERIOD - Enter total gross sales for room charges only, both taxable and nontaxable, for the period of this return.

LESS RECEIPTS EXEMPTED FROM TAX - Enter amount of sales that were exempt from the hotel tax during the period of this return. Please note that although a listing of sales exempt from the hotel tax does not need to be submitted with this form, a listing of such should be available to substantiate the amount indicated on the tax return form, if requested by the County Treasurer.

TAXABLE RECEIPTS - Subtract Line 2 (receipts exempted from tax) from Line 1 (gross receipts), and enter the amount as net taxable sales.

AMOUNT COLLECTED OF TAX AT 5% - Multiply Line 3 (Taxable Receipts) by 5% (.05).

TAX DUE - Enter amount of Tax Due. If there is no tax due for a given period, file return by due date, indicating "No Tax Due" on the tax due line and including the total rooms available for the period. The return and payment are due by the 20th day of the month following the period for which the tax was collected.

PENALTY - Enter the amount of penalty for late payment at 1.5% of the tax due for each month or fraction of a month that the return is delinquent.

INTEREST - Enter the amount of interest on late payments by computing the daily rate as established by the Secretary of the US Treasury from the due date until the date paid. Interest is computed by multiplying the late paid or unpaid tax times the number of days delinquent times the daily interest rate. The daily interest rate is equal to the annual interest rate divided by the number of days in the year.

TOTAL PAYMENT DUE - Enter the total of the amount of tax due plus any penalties and interest.

Please verify the PA state sales tax number of the establishment; record the period for which this report is being made (monthly or quarterly) and record the total number of rooms available and occupied for this period. Sign and date the return and remit to the address as indicated on the form. **Do not send cash.**

Questions may be referred to the Treasurer's Office at (814) 355-6810.

Centre County**Hotel Tax**

Sales Tax #

NAME _____

ADDRESS _____

CITY _____

STATE PA

ZIP _____

PHONE # _____

EMAIL _____

Monthly

Quarterly

Reporting Period

TOTAL GROSS RECEIPTS FOR PERIOD	\$
LESS RECEIPTS EXEMPTED FROM TAX*	\$
TAXABLE RECEIPTS	\$
AMOUNT COLLECTED OF TAX AT 5%	\$
TAX DUE	\$
PENALTY (1.5% per whole or part of month)	\$
INTEREST (2023 DAILY RATE: 0.000192%)	\$
TOTAL PAYMENT DUE	\$

Total rooms available this period _____**Total rooms occupied this period** _____

I certify that this return is to the best of my knowledge, information and belief, a full, true and correct disclosure of all tax collected or incurred during the period indicated on this return.

Signature _____

Title _____

Date _____

*Operators are obligated to maintain records to support and identify this type of exemption, e.g., copies of the exemption certificate or other identifying documents.

Make checks payable and remit to:

CENTRE COUNTY TREASURER

Willowbank Office Bldg., 420 Holmes Street, Bellefonte, PA 16823

Phone: (814) 355-6810

OFFICE USE ONLY

Date Paid

Check #

Acct # 129-41410

THIS REPORT IS TO BE FILED AS PER THE DUE DATE ESTABLISHED FOR YOUR STATE SALES TAX