EXEMPTION STATEMENT FOR THE SOMERSET COUNTY HOTEL RENTAL TAX

COLLECTION PERIOD _____ THROUGH _____

BUSINESS NAME _____

FACILITY COUNTY ROOM RENTAL TAX # _____

THE UNDERSIGNED CLAIMS EXEMPTION FROM THE SOMERSET COUNTY HOTEL RENTAL TAX FOR THE FOLLOWING PERMANENT RESIDENTS, OR GOVERNMENT EMPLOYEE AS DEFINED BY STATUTE , ORDINANCE OR REGULATION.

GUEST	ADDRESS	PRICE CHARGED	DATE OCCUPANCY BEGAN

TOTAL EXEMPT RECEIPTS: _____

PATRON'S SIGNATURE _____ OPERATOR'S SIGNATURE _____

Hotel operators are obligated to maintain records to support and identify this type of exemption, i.e., copies of the exemption certificates or other identifying documents.

This form must accompany your periodic tax report.

SUBMIT TO: DONNA MATSKO SCHMITT
SOMERSET COUNTY TREASURER
300 NORTH CENTER AVENUE, SUITE 300
SOMERSET, PA 15501
PHONE: (814) 4451482

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