

**THE SOMERSET COUNTY HOTEL RENTAL TAX  
PERIODIC REPORT**

Facility County Excise Tax # \_\_\_\_\_

OFFICE USE ONLY	
Date Paid	_____
Check #	_____

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

Reporting Period \_\_\_\_\_ to \_\_\_\_\_

GROSS RECEIPTS	\$ _____
LESS EXEMPT RECEIPTS	\$ _____
TAXABLE RECEIPTS	\$ _____
AMOUNT TAX COLLECTED AT 3%	\$ _____
TAX DUE	\$ _____
PLUS LATE PAYMENT FEE AT 1.5% PER MONTH	\$ _____
LESS PERMANENT RESIDENTS CREDIT	\$ _____
TOTAL PAYMENT DUE	\$ _____

1. NUMBER OF ROOMS \_\_\_\_\_ X \_\_\_\_\_ (DAYS IN PERIOD) = \_\_\_\_\_

2. TOTAL NUMBER OF ROOMS OCCUPIED FOR PERIOD \_\_\_\_\_

This tax is to be collected by the operator of each facility from each patron who rents a room. Each operator is required to file a tax report and remit tax due. Monthly reports for facilities with one hundred (100) rooms or more must be filed on or before the 20<sup>th</sup> of each month, which shall contain the previous month's information. Periodic reports for facilities with less than one hundred (100) rooms are due on or before the 20<sup>th</sup> of each month following each calendar quarter. If there is not tax due for a given period, file report indicating "No Tax Due" on the tax due line.

I hereby certify that this report has been examined by me and that the information herein is true, correct and complete to the best of my knowledge.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

*Make check payable to: SOMERSET COUNTY TREASURER*

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