

LEBANON COUNTY HOTEL TAX RETURN

LEBANON COUNTY TREASURER'S OFFICE

SALLIE A. NEUIN
MUNICIPAL BULIDING, RM 103
400 S. 8TH STREET,
LEBANON, PA 17042
(717) 274-2801 EXT 2229

A. NAME OF FACILITY: _____

ADDRESS: _____

B. ID # _____ MONTH REPORTING _____ YEAR _____

C. TAX COMPUTATION:

1. GROSS ROOM RECEIPTS: _____

2. LESS: RECEIPTS EXEMPT FROM TAX _____
* PER ATTACHMENT

3. TAXABLE RECEIPTS _____

4. AMOUNT OF TAX DUE (3 %) _____

5. CREDIT: _____

6. LATE PAYMENT FEE: _____

7. INTEREST(IF APPLICABLE @.75% PER MONTH) _____

8. TOTAL DUE: _____

MAKE CHECK PAYABE TO: LEBANON COUNTY TREASURER

I hereby certify that this return is to the best of my knowledge, information and belief, a full, true and correct disclosure of all taxes and fees collected or incurred during the period indicated on this return. I understand that false statements made herein are subject to the penalties of 18 PA.C.S.4904 Relating to Unsworn Falsification to Authorities.

SIGNATURE TITLE DATE

TAXPAYER INFORMATION

The Lebanon County Hotel is imposed at the rate of 3% of the consideration received by each Operator of the facility within Lebanon County from each transaction of renting a room or rooms. The tax is to be collected by the Operator of each facility from each Patron who rents the room. Each Operator is required to file a tax return and remit tax due on or before the 20th day of the month subsequent to the month in which the tax is levied. If there is no tax due for a given period, file the return indicating, "NO TAX DUE" on the tax due line.

MONTHLY TAX EXEMPTION STATEMENT
LEBANON COUNTY HOTEL TAX
SALLIE A. NEUIN, COUNTY TREASURER
ROOM 103, 400 S. 8TH ST.
LEBANON, PA 17042
(717)274-2801 EXT 2229

REPORT COVERING MONTH _____ YEAR _____

COMPLETE THE FOLLOWING EXEMPTION REPORTING SECTION
 NOTE: IF ADDITIONAL SPACE IS NEEDED, PLEASE MAKE A COPY

GUEST NAME	DATE OCCUPANCY BEGAN	RECEIPT TOTAL

TOTAL RECEIPTS: FOREIGN &/OR FEDERAL EXEMPTIONS: _____

TOTAL RECEIPTS: RESIDENCY EXEMPTIONS _____

TOTAL RECEIPTS: OTHER EXEMPTIONS..... _____

TOTAL EXEMPTIONS FOR MONTH: _____

NAME OF FACILITY _____ ID# _____

I understand that false statement made here in are subject to the penalties of 18PA.C.S.4904
 Relating to Unsworn Falsification to Authorities.

 AUTHORIZED SIGNATURE DATE _____

Hotel operators are required to maintain records to support and identify exemptions. This form
 must accompany the monthly hotel tax return if claiming exemptions.