

# EXEMPTION RECEIPTS CLAIMED FORM

COLLECTION PERIOD \_\_\_\_\_ THROUGH \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

THE UNDERSIGNED CLAIMS EXEMPTION FROM THE MERCER COUNTY HOTEL EXCISE TAX FOR THE FOLLOWING GOVERNMENT EMPLOYEES, NON-PROFIT SOCIAL ORGANIZATIONS OR PERMANENT RESIDENTS, AS DEFINED BY STATUTE AND ORDINANCE.

GUEST	ADDRESS	TOTAL EXEMPT AMOUNT	NO. OF NIGHTS OCCUPANCY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL EXEMPT RECEIPTS: \_\_\_\_\_

VENDOR'S SIGNATURE: \_\_\_\_\_ ESTABLISHMENT \_\_\_\_\_

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 MONTHLY TAX RETURN.**

MAIL TO: MERCER COUNTY TREASURER  
104 COURTHOUSE  
MERCER, PA 16137-1530  
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