

# THE MERCER COUNTY HOTEL EXCISE TAX MONTHLY REPORT

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

OFFICE USE ONLY	
Date Paid	
Check #	
Check Amount	

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

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

REPORTING PERIOD \_\_\_\_\_ TO \_\_\_\_\_

ROOM REVENUE	\$	
*LESS EXEMPT RECEIPTS	\$	
TAXABLE RECEIPTS	\$	
AMOUNT TAX COLLECTED AT 5%	\$	
TAX DUE	\$	
PLUS LATE PAYMENT FEE AT 1.5% = .015 PER MONTH	\$	
LESS EXEMPT CREDIT	\$	
TOTAL PAYMENT DUE	\$	

\* MUST BE EXPLAINED ON EXEMPTION RECEIPTS CLAIMED FORM & EXEMPTION  
CERTIFICATES MUST ACCOMPANY THIS REPORT.

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 OF HOTELS, MOTELS, INNS AND GUEST HOUSES ARE REQUIRED TO FILE A TAX RETURN AND REMIT TAX DUE ON OR BEFORE THE 25TH DAY OF THE MONTH SUBSEQUENT TO THE MONTH IN WHICH THE TAX IS LEVIED. BED AND BREAKFAST OPERATORS MUST FILE BY THE 25TH DAY OF THE MONTH FOLLOWING THE QUARTER. IF THERE IS NO TAX DUE FOR A GIVEN PERIOD, FILE RETURN INDICATING "NO TAX DUE" ON THE TAX DUE LINE.

I HEREBY CERTIFY THAT THIS RETURN HAS BEEN EXAMINED BY ME AND THAT THE INFORMATION HEREIN IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

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

MAIL TO: MERCER COUNTY TREASURER  
125 S. DIAMOND STREET, SUITE 104  
MERCER, PA 16137-1290  
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FAX (724) 662-0981