

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% = .01 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
104 COURTHOUSE
MERCER, PA 16137-1290
PHONE (724) 662-4440
FAX (724) 662-0981