



Room Tax Collection Form
Annual Collection Form

APPLICANT INFORMATION

Name of Establishment:		Phone Number:	
Address:		City:	Zip:
Email:			

RECONCILIATION OF QUARTERLY TAX RETURNS

***If quarterly reports required no adjustments, Column 3 should equal 0, and no amount is due**

Reporting Period	Column 1 Gross Receipts Filed (From Quarterly Filing Form submitted)	Column 2 Actual Gross Receipts (From your records)	Column 3 Adjustments (Column 1 – Column 2) * 8%
1st Quarter (January 1 – March 31)			
2nd Quarter (April 1 – June 30th)			
3rd Quarter (July 1 – September 31st)			
4th Quarter (October 1st – December 31st)			
		TOTAL TO BE SUBMITTED	

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Return received:
Receipt #: