

Centre County Hotel Tax	NAME _____	
	ADDRESS _____	
	CITY _____	STATE PA ZIP _____
Sales Tax # _____	PHONE # _____	
Reporting Period thru _____		
___ Monthly ___ Quarterly		
Total rooms available this period _____		
Total rooms occupied this period _____		

TOTAL GROSS RECEIPTS FOR PERIOD	\$
LESS RECEIPTS EXEMPTED FROM TAX*	\$
TAXABLE RECEIPTS	\$
AMOUNT COLLECTED OF TAX AT 5%	\$
TAX DUE	\$
PENALTY	\$
INTEREST (DAILY RATE %)	\$
TOTAL PAYMENT DUE	\$

I certify that this return is to the best of my knowledge, information and belief, a full, true and correct disclosure of all tax collected or incurred during the period indicated on this return

Signature _____	Title _____	Date _____
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*Operators are obligated to maintain records to support and identify this type of exemption i.e. copies of the exemption certificate or other identifying documents

Make checks payable and remit to:

CENTRE COUNTY TREASURER
Willowbank Office Bldg., 420 Holmes Street, Bellefonte, PA 16823
Phone: (814) 355-6810

OFFICE USE ONLY

Date Paid _____

Check # _____

Acct # 129-41410

THIS REPORT IS TO BE FILED AS PER THE DUE DATE ESTABLISHED FOR YOUR STATE SALES TAX

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