

**Town of Marlinton**

709 Second Avenue

Marlinton, WV 24954

Office: 304-799-4315

**Blank Quarterly Return For Hotel Occupancy Tax**

Name and Address:

Quarter Ending:

PLEASE COMPLETE THE FOLLOWING:

- 1. Gross Receipts: All Hotel, Motel and Room Lodging Furnished to Guests \$ \_\_\_\_\_
- 2. Exempt Receipts: Permanent Guest ( Continuous Lodging Over 30 Days ) \$ \_\_\_\_\_
- 3. Other Exemptions ( To Qualify, a Copy of Exemption Certificate Must be Attached ) \$ \_\_\_\_\_
- 4. Total Exempt Receipts ( Add Lines 2 & 3 ) \$ \_\_\_\_\_
- 5. Net Taxable Receipts ( Line 1 Less Line 4 ) \$ \_\_\_\_\_
- 6. Tax Due ( Enter 6% of Line 5 ) \$ \_\_\_\_\_
- 7. Credit or Debit ( Over or Underpayment in Prior Months ) \$ \_\_\_\_\_
- 8. **Total Tax Due ( Sum of Lines 6, 7 & 8 )** \$ \_\_\_\_\_

Signature

I hereby certify that the information and statements contained herein and my schedules or exhibits attached are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date