# Town of Marlinton

**709 Second Avenue**
**Marlinton, WV 24954**
**Office: 304-799-4315**

## Monthly Return For Hotel Occupancy Tax

**Account:**

For The Month Ending

**Payment Is Due On Or Before**

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. Previous Balance $_____
9. **Total Tax Due (Sum of Lines 6, 7 & 8)** $_____
10. **Penalty 5% (Multiply Line 9 by .05, then Add to Line 9 Amount)**
11. **Late Fines (Add $30 to Line 10)**

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

_____ _____ _____

Signature Title Date