FOR OFFICIAL USE ONLY

Date Received:

FAYETTE COUNTY HOTEL TAX RETURN

NAME OF FACILITY: _____ **LICENSE NO.** _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____ **TELEPHONE:** _____

Monthly Reporting Period: From_____ **To**_____

---

1. **TAX COMPUTATION** (please attach supporting documentation if applicable):

A. GROSS TAXABLE RECEIPTS (**excluding meals**)	
B. (MINUS) EXEMPT RECEIPTS	
C. TOTAL TAXABLE RECEIPTS	
D. TAX RATE 5% (.05)	
E. TOTAL TAX DUE	
F. (PLUS) LATE PMT @ 1.5% (.015)	
G. TOTAL PAYMENT DUE	**

make check payable to **"FAYETTE COUNTY TREASURER"

I hereby certify that this return has been completed by me and that the information contained herein is true, correct and complete to the best of my knowledge and belief.

_____ _____ _____

Signature of person completing form **Title** **Date**

THIS TAX RETURN WITH APPLICABLE ATTACHMENTS MUST BE FILED WITH THE FAYETTE COUNTY TREASURER, HOTEL EXCISE TAX, 61 E MAIN STREET, UNIONTOWN PA 15401 ON OR BEFORE THE 25TH DAY OF THE MONTH SUBSEQUENT TO THE MONTH IN WHICH THE TAX IS LEVIED. RETURNS POSTMARKED AFTER THE 25TH ARE CONSIDERED TO BE LATE. A 1.5% **PER MONTH** LATE FEE WILL BE ASSESSED FOR EACH MONTH THE RETURN IS LATE. IF THERE HAS BEEN NO TAXABLE INCOME IN ANY MONTH, YOU MUST FILE A REPORT INDICATING "NO TAX DUE".

OPERATORS ARE OBLIGATED TO MAINTAIN RECORDS TO SUPPORT AND IDENTIFY EXEMPTIONS.

THIS FORM MAY BE DUPLICATED AS NEEDED.