

QUARTERLY ROOM TAX REPORT

Reporting Quarter (circle): 1 2 3 4 Year: _____

Permit No.: _____ Owner or Operator Name: _____

Lodging Physical Address: _____

Mailing Address: _____

Phone: _____ Email: _____

Room Tax Computation

1. Gross Receipts: _____

2. Less Marketplace Providers:

Provider	Gross Receipts	5% of Gross Receipts	Less 2% Retention	Total Due to Town
VRBO				
AirBnB				
HomeAway				
Other:				
TOTAL				

3. 5% of Gross Receipts: \$ _____

4. Less 2% Retention: \$ _____

5. Total Balance Due to Town: \$ _____

6. Total Due From Marketplace Providers: \$ _____

I certify that the above figures are true and correct. Date: _____

Signature: _____ Name: _____

Please submit one signed copy of this report to the Town by the 30th day of the following month for which tax was collected. Post office postmark will be accepted. You must include payment unless tax is collected by a Marketplace Provider.

A LATE FILING FEE AND INTEREST PER MONTH WILL BE IMPOSED FOR ALL REPORTS AND TAXES RECEIVED AFTER THE DUE DATE.