



HOTEL ID #: _____

COUNTY OF BERKS HOTEL TAX MONTHLY REMITTANCE REPORT

REPORT PERIOD	to
HOTEL NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

AUTHORIZED PERSON COMPLETING REPORT	
TITLE	
PHONE #	Ext.
E-MAIL ADDRESS	

MAILING ADDRESS (IF DIFFERENT THAN ABOVE)	
STREET ADDRESS	
CITY, STATE, ZIP	

FEDERAL EIN						
# OF ROOMS		X	DAYS IN PERIOD		=	
TOTAL NUMBER OF ROOMS OCCUPIED FOR PERIOD						

TOTAL GROSS RECEIPTS FOR THE PERIOD	
LESS RECEIPTS EXEMPTED FROM TAX	
TAXABLE RECEIPTS	
AMOUNT OF TAX DUE @ 5%	
MISCELLANEOUS ADJUSTMENTS	
TOTAL AMOUNT DUE	
AMOUNT BEING REMITTED	
CHECK HERE IF THERE IS NO TAX DUE FOR THIS PERIOD	

*If amount is greater than \$0, you must include claim form.

*Must include documentation to support +/- adjustments

CHECK # (INCLUDED W/ REPORT)		ACH EFFECTIVE DATE	
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I HEREBY CERTIFY THAT THIS RETURN HAS BEEN EXAMINED BY ME AND THAT THE INFORMATION HEREIN IS COMPLETE, TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE	DATE
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TAX IS IMPOSED AT THE RATE OF 5% OF THE CONSIDERATION RECEIVED BY EACH OPERATOR OF A FACILITY WITHIN BERKS COUNTY FROM EACH TRANSACTION OF RENTING A ROOM OR ROOMS. THE TAX IS TO BE COLLECTED BY THE OPERATOR OF EACH FACILITY FROM EACH PATRON WHO RENTS A ROOM. EACH OPERATOR IS REQUIRED TO FILE A TAX RETURN AND REMIT TAX DUE ON OR BEFORE THE 25TH DAY OF THE MONTH SUBSEQUENT TO THE MONTH IN WHICH THE TAX IS LEVIED. IF THERE IS NO TAX DUE FOR A GIVEN PERIOD, A RETURN IS STILL REQUIRED TO STATE SAME AND SHOULD BE INDICATED ON THE APPROPRIATE LINE ABOVE.

ALL CHECKS SHOULD BE MADE PAYABLE TO BERKS COUNTY TREASURER AND MAILED TO SAME AT 633 COURT STREET, 2ND FLOOR, READING, PA 19601. PLEASE CONTACT OUR OFFICE IF YOU WISH TO START REMITTING YOUR PAYMENT ELECTRONICALLY VIA AN ACH. OUR OFFICE CAN BE REACHED AT 610-478-6640, MONDAY-FRIDAY FROM 8AM-4PM.