



# COUNTY OF BERKS EXEMPTION CLAIM REPORT

HOTEL ID #	PERIOD	TO
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TYPES OF  
EXEMPTIONS:

**P** - Permanent Res (30+ Days)  
**C** - Charities

**G** - State/Federal Government Employee  
**CF** - Cancellation Fees

GUEST NAME		TYPE OF EXEMPTION	
STREET ADDRESS		OCCUPANCY START	
CITY, STATE ZIP		OCCUPANCY END	
ROOM #		CLAIM AMOUNT	

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TOTAL OF EXEMPT RECEIPTS BEING CLAIMED THIS PERIOD: \$ \_\_\_\_\_

THE UNDERSIGNED CLAIMS EXEMPTION FROM THE BERKS COUNTY HOTEL ROOM RENTAL TAX  
AS DEFINED BY STATUTE AND ORDINANCE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*THIS STATEMENT MUST ACCOMPANY YOUR MONTHLY TAX RETURN.