



# 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:**

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

SIGNATURE

DATE 0

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