PERMANENT RESIDENT EXEMPTION STATEMENT FOR THE WARREN COUNTY HOTEL EXCISE TAX

COLLECTION PERIOD _____

BUSINESS NAME _____

FACILITY COUNTY ROOM RENTAL TAX #: _____

THE UNDERSIGNED CLAIMS EXPEMPTION FROM THE WARREN COUNTY HOTEL EXCISE TAX FOR THE FOLLOWING PERMANENT RESIDENTS, AS DEFINED BY STATUE AND ORDINANCE.

GUEST	ADDRESS	PRICE CHARGED	DATE OCCUPANCY BEGAN

TOTAL PERMANENT RESIDENT EXEMPT RECEIPTS: _____

VENDOR'S SIGNATURE _____ ESTABLISHMENT _____

Hotel operators are obligated to maintain records to support and identify this tyope of exemption, i.e. copies of the exemption certificates or other identifying documents.

THIS FORM MUST ACCOMPANY YOUR MONTHLY TAX RETURN.
SUBMIT BY THE 25TH OF EACH MONTH FOR THE PRIOR MONTH.

MAIL TO: COUNTY TREASURER
204 FOURTH AVE.
WARREN, PA 16365

PHONE: (814)723-3415 FAX: (814) 728-3419