

**WARREN COUNTY HOTEL EXCISE TAX  
MONTHLY REPORT**

<b>OFFICIAL USE ONLY</b>	
<b>DATE PAID</b>	
<b>CHECK #</b>	
<b>FACILITY COUNTY EXISE #</b>	<b>WRN-</b>

**BUSINESS NAME** \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**REPORTING PERIOD** \_\_\_\_\_ **TO** \_\_\_\_\_

<b>GROSS RECEIPTS</b>	\$
<b>LESS EXEMPT CERTIFICATES</b>	\$
<b>TAXABLE RECEIPTS</b>	\$
<b>AMOUNT TAX COLLECTED AT 5%</b>	\$
<b>TAX DUE</b>	\$
<b>PLUS LATE PAYMENT FEE AT .75% PER MONTH</b>	\$
<b>LESS PERMANENT RESIDENTS CREDIT</b>	\$
<b>TOTAL PAYMENT DUE</b>	\$

1. NUMBER OF ROOMS \_\_\_\_\_ X \_\_\_\_\_ (DAYS IN PERIOD)= \_\_\_\_\_

2. TOTAL NUMBER OF ROOMS OCCUPIED FOR PERIOD \_\_\_\_\_

**THIS 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 EACH BEFORE THE 25<sup>TH</sup> DAY OF THE MONTH SUBSEQUENT TO THE MONTH IN WHICH THE TAX IS LEVIED. IF THERE IS NO TAX DUE FOR A GIVEN PERIOD, FILE RETURN INDICATING "NO TAX DUE" ON THE TAX DUE LINE.**

**I HEREBY CERTIFY THAT THIS RETURN HAS BEEN EXAMINED BY ME AND THAT THE INFORMATION HEREIN IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

**SIGNATURE** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**REMIT BY THE 25<sup>TH</sup> OF EACH MONTH FOR THE PRIOR MONTH**

**MAKE CHECK PAYABLE TO:  
WARREN COUNTY TREASURER  
204 FOURTH AVE.  
WARREN, PA 16365**

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