

# HOTEL EXCISE TAX EXEMPTION DECLARATION

York County Treasurer, 28 East Market Street, Room 126, York PA 17401-1584  
PHONE: (717) 771-4339

Report Period from \_\_\_\_\_ thru \_\_\_\_\_

NAME OF FACILITY \_\_\_\_\_

ADDRESS \_\_\_\_\_

OPERATOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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This section to be completed by the Renter claiming Hotel Excise Tax Exemption

## TYPE OF EXEMPTION:

\_\_\_\_\_ Permanent Resident - I certify below I have completed 30 consecutive days of uninterrupted occupancy.  
Date occupancy began \_\_\_\_\_

\_\_\_\_\_ State or Federal Employee \_\_\_\_\_ Name of Government Agency

NAME OF RENTER \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

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

**VOID UNLESS COMPLETE INFORMATION IS SUPPLIED**

\*\* Hotel operators are required to maintain records to support and identify this type of exemption.  
This form must accompany the Hotel Excise Tax report to the York County Treasurer's Office.