

Official use only



TAX REPORTING PERIOD

Year _____
From _____
To _____

YORK COUNTY HOTEL EXCISE TAX RETURN

HOTEL CERTIFICATE NO. _____ EIN NUMBER: _____

BUSINESS NAME: _____

OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

Mailing Address (If different from above)

1a. GROSS Lodging Receipts for Report Period.....	\$
1b. LESS Receipts EXEMPT from Tax	—
1c. TOTAL TAXABLE RECEIPTS.....	\$
2. TOTAL TAX LIABILITY Multiply line 1c by 3% (0.03)	\$
3. PENALTY	\$
4. INTEREST	\$
5. TOTAL TAX DUE (Add lines 2,3, + 4)	\$
5a. LESS Credits (with documentation attached)	—
6. TOTAL PAYMENT	\$

Make checks payable to: COUNTY OF YORK

Mail to: York County Treasurer, 28 East Market Street, Room 126, York PA 17401-1584

Any person who willfully fails or refuses to collect and remit the tax, fails to pay the tax, fails to file a return, files a fraudulent or false return, attempts to prevent full disclosure of taxable hotel sales, or presents for payment of the tax a check which is returned to the County of York as uncollectible, may be subject to criminal prosecution.

DATE	SIGNATURE	TITLE	TELEPHONE NUMBER
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The person signing a York County Hotel Excise tax return will be presumed to be the person responsible for the payment of the tax and be subject to personal assessment, pursuant to York County Ordinance 1997-08, for any subsequent delinquencies. I certify that this return is to the best of my knowledge, information and belief, a full, true and correct disclosure of all tax collected or incurred during the period indicated on this return.