

**EXEMPTION STATEMENT**

**THE ELK COUNTY HOTEL ROOM RENTAL TAX**

**THIS FORM MUST ACCOMPANY YOUR QUARTERLY TAX RETURN  
RETAIN COPY FOR YOUR FILES**

**PERIOD COVERED BY THIS REPORT:** \_\_\_\_\_ **THROUGH** \_\_\_\_\_

**COMPLETE THE FOLLOWING EXEMPTION REPORTING SECTION**

**NOTE: IF ADDITIONAL SPACE IS NEEDED, PLEASE MAKE A COPY**

<b>GUEST NAME</b>	<b>DATE OCCUPANCY BEGAN</b>	<b>RECEIPT TOTAL</b>

RECEIPTS THAT INDICATE PERMANENT RESIDENT EXEMPTIONS: \_\_\_\_\_

RECEIPTS THAT INDICATE STATE OR FEDERAL EXEMPTIONS: \_\_\_\_\_

RECEIPTS THAT INDICATE OTHER EXEMPTIONS: \_\_\_\_\_

**TOTAL EXEMPT RECEIPTS FOR PERIOD:** \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_