

**QUARTERLY REPORT**  
**ELK COUNTY**  
**HOTEL ROOM RENTAL TAX**

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

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

PHONE NUMBER: \_\_\_\_\_

COLLECTION PERIOD: \_\_\_\_\_ THROUGH \_\_\_\_\_

**TAX COMPUTATION SECTION:**

- 1. **GROSS RECEIPTS** \_\_\_\_\_
- 2. LESS: PERMANENT RESIDENT EXEMPTION \_\_\_\_\_
- 3. LESS: STATE OR FEDERAL EXEMPTION \_\_\_\_\_
- 4. LESS: OTHER EXEMPTIONS \_\_\_\_\_
- 5. **TAXABLE RECEIPTS** \_\_\_\_\_
- 6. AMOUNT OF TAX COLLECTED @ 3% \_\_\_\_\_
- 7. **TAX DUE** \_\_\_\_\_
- 8. PLUS LATE PAYMENT FEE OF \$50.00 PER MONTH \_\_\_\_\_
- 9. **TOTAL TAX PAYMENT DUE COUNTY** \_\_\_\_\_

The Elk County Hotel Room Rental Tax is to be collected by the operator of each facility from the patron who rents a room or rooms. Each operator is required to file a tax return and remit tax due on or before the (15) day of the month following the calendar quarter. If there is no tax due for the period, file a 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. I UNDERSTAND THAT FACILITY OPERATORS ARE OBLIGATED TO MAINTAIN RECORDS TO SUPPORT AND TO IDENTIFY INFORMATION FOR THE PURPOSE OF AUDITING.

\_\_\_\_\_  
Signature Title Date

**REMIT BY THE 15<sup>TH</sup> OF EACH QUARTER**  
**RETAIN A COPY FOR YOUR FILES**

**MAKE CHECK PAYABLE TO: Peggy B. Schneider**  
**MAIL TO: Elk County Treasurer**  
**250 Main Street**  
**Ridgway, PA 15853**