LACKAWANNA COUNTY HOTEL ROOM RENTAL TAX RETURN
HOTEL PERIODIC REPORT

For the Period From: ____/____/____ (Month Day Year) To: ____/____/____ (Month Day Year)

Business Name	Tax ID Number	Preparer Phone #
Business Address (Street) City	State	Zip Code
Mailing Address (If Different From Above)		

Occupancy Percentage

____ (# of Rooms @ Facility) X ____ (Days in Period) = ____ (Total # of Rooms Available) (A)

Number of Rooms Occupied for the Period ____ (B)

Room Occupancy Percentage:
(B) Divided by (A)
____

ATTACH CHECK HERE
(Please Write Your Tax ID Number on Check)

Remittance Calculation	$ Amount
(1) Total Room Receipts for the Period	
(2) Less: Receipts Exempted from tax (Per Ordinance)	
(3) Taxable Receipts = Line (1) minus Line (2)	
(4) Amount of Tax @ 7% = Line (3) times .07	
(5) If you file after the 25th of the month, add 5% penalty = Line (4) times .05	
(6) If you file after the 25th of the month, add 1.5% interest = Line (4) times .0005 times # days from 25th to remittance date	
(7) Tax Due - If filed by the 25th, ENTER LINE (4), Late returns, add Line (4) + Line (5) + Line (6)	

Please remit payment and your report to:
(Note: Reports and remittances must be filed on or before the 25th of each month.)
Contact: John Grzenda
Email: GrzendaJ@lackawannacounty.org

"Lackawanna County Treasurer"
Lackawanna County Hotel Room Rental Tax
135 Jefferson Ave
Scranton, Pa 18503
Phone: 570-963-6731

If no tax is due, write "NONE" on Line (7). A return must be filed even though no tax is due. Be advised that you are paying in accordance with Lackawanna County Ordinance # 221 passed 8/27/2012. Section "H" of the Ordinance provides for legal sanctions in the event of non-compliance. All information is subject to audit by the Lackawanna County Controller's Office.

CERTIFICATION:
I certify and declare that this report has been examined by me and that the information herein is full, true, and correct to the best of my knowledge and belief.

Taxpayer Signature ____ Title ____ Date ____