

**CARBON COUNTY ROOM RENTAL EXCISE TAX
QUARTERLY REPORT**

OFFICE USE ONLY

Date Paid _____

Check # _____

Facility County Excise Tax License # _____

Business Name: _____

Address: _____

Phone: _____

Reporting Period _____ to _____

Gross Room Receipts (Not including taxes collected)	\$
Less Exempt Receipts	\$
Less Permanent Resident Receipts	\$
Taxable Room Receipts	\$
Amount of tax collected and due at 3%	\$
Plus Late Payment Interest @ 1.5% per month	\$
Total Payment Due	\$

This tax is to be collected from each patron who rents a room less than 30 days by the operator of each facility.

Each operator who is required to file a Hotel Excise Tax return shall submit the required reports to the Treasurer on or before the twenty-fifth (25th) day of the month following the calendar quarter. If there is no tax due for a given period, file 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.

Signature _____ Title _____ Date _____

Remit by the 25th day of the month following the calendar quarter
 Make check payable to: Carbon County Treasurer
 PO BOX 247
 Jim Thorpe, PA 18229
 Phone 570-325-2251 Fax 570-325-2696

EXHIBIT C

**Office of Ronald J. Sheehan
TREASURER OF CARBON COUNTY
PO BOX 247
Jim Thorpe, PA 18229
Phone 570-325-2251 Fax 570-325-2696**

**REGISTRATION APPLICATION
CARBON COUNTY HOTEL ROOM RENTAL EXCISE TAX**

1. Legal Name of Establishment: _____
2. Legal Name of Owner of Establishment: _____
3. Location of Principal Place of Business (PO Box Not Acceptable – Rental Property Address):
_____ Telephone: _____
4. Mailing Address (Where all records involving Carbon County transactions are kept and where
Hotel Tax notices are to be mailed):
_____ Telephone: _____
5. Federal Employer Identification Number (EIN): _____
6. Applicant is operating as: _____ Individual _____ Partnership _____ Association
_____ Corporation _____ Other (describe) _____
7. Please List the Name(s), Title(s), and Telephone Number(s) of Individual(s) Responsible for
remitting the Carbon County Hotel Room Rental Excise Tax.

Name: _____ Title: _____ Telephone: _____
Name: _____ Title: _____ Telephone: _____
8. Type of Business: _____ Hotel _____ Motel _____ Bed & Breakfast
_____ Guest House _____ Other (describe) _____
9. Number of Lodging Rooms: _____

I certify that the information provided on this Registration Form has been examined by me, and is to the best of my knowledge and belief true, correct and complete.

Name: _____ Title: _____

Signature: _____ Date: _____ Telephone #: _____

EXHIBIT A

**COUNTY OF CARBON
HOTEL ROOM RENTAL EXCISE TAX
EXEMPTION CERTIFICATE
For Rentals over 30 Days**

Name of Establishment: _____

Street	City	State	Zip Code
_____	_____	_____	_____

1. Permanent Resident: person has a rental period of over thirty (30) consecutive, complete days of uninterrupted occupancy.

2. Other (Explain in Detail): _____

I am authorized to execute this Certificate and claim this exemption. I have examined the documentation tendered by the occupant/renter claiming to be exempt from this tax and have found such documentation supportive of exemption claimed.

Name of Occupant/Renter	Street	City	State/Zip Code
_____	_____	_____	_____

Operator's Signature	Signer's Title	Date
_____	_____	_____

The Establishment shall maintain record to support and identify all exempt occupancies.

This form can be duplicated.

VOID UNLESS COMPLETE INFORMATION IS SUPPLIED
SUBMIT A COPY TO CARBON COUNTY TREASURER'S OFFICE

EXHIBIT B