

CITY OF SUMMERSVILLE

P.O. BOX 525

SUMMERSVILLE, WV 26651

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HOTEL/MOTEL TAX RETURN

SUMMERSVILLE, WV 26651

TAX PERIOD: _____
MANAGER: _____
NUMBER OF ROOMS: _____

COMPUTATION OF REVENUES:

- 1. GROSS ROOM REVENUE FOR TAX PERIOD: \$ _____
- 2. AMOUNT NOT REPORTED PREVIOUSLY: \$ _____
- 3. TOTAL GROSS ROOM REVENUE: (LINE 1 PLUS LINE 2) \$ _____

ADJUSTMENTS TO REVENUE:

- 4. AMOUNT PAID BY PERSONS OCCUPYING ROOMS FOR 30 CONSECUTIVE DAYS OR MORE: \$ _____
- 5. AMOUNTS BILLED TO AND PAID BY THE UNITED STATES GOVERNMENT: \$ _____
- 6. AMOUNT BILLED TO AND PAID BY THE STATE OF WV OR ANY POLITICAL SUBDIVISION: \$ _____
- 7. TOTAL ADJUSTMENTS (TOTAL LINES 4-6) \$ _____
- 8. TOTAL TAXABLE ROOM REVENUE (LINE 3 MINUS LINE 7): \$ _____

COMPUTATION OF AMOUNT OF TAX DUE:

- 9. TOTAL TAXABLE ROOM REVENUE (LINE 8) \$ _____
- 10. MULTIPLY AMOUNT ON LINE 9 BY .06 _____ X .06
- 11. TOTAL HOTEL/MOTEL TAX DUE: \$ _____

THE UNDERSIGNED CERTIFIES THAT THE AMOUNTS ARE TRUE AND CORRECT AND ACKNOWLEDGES THAT THE STATEMENTS ARE MADE UNDER PENALTY OF LAW.

AUTHORIZED SIGNATURE: _____

TITLE: _____

DATE: _____