

HOTEL/MOTEL OCCUPANCY TAX RETURN CITY OF CHARLESTON

915 QUARRIER STREET, SUITE 4 CHARLESTON, WV 25301



FOR MONTH ENDING: _



PAYMENT MUST BE RECEIVED BY 15TH OF EACH MONTH.

		Penalty & Interest will be assessed ments received after the due date.
physical Address of		
Physical Address of		
Hotel/Motel:		
Contact Name:	Contact Phone Number: —	
1. Gro	oss Occupancy Receipts:	
	s (Exemptions): ***	
	rable Occupancy Receipts:	
4. Tot	ral Tax Remitted: (Line 3 tlm	es 6%)
	INSTRUCTIONS	
 Please complete this form in to the City of Charleston to the 	its entirety and return the form with your accompanying the address above.	g check made payable
2. Failure to complete this form	n in its entirety and/or enclose your remittance may resu	ılt in the delay of the
	and the assessment of penalties and interest. It contact information printed on the form is incorrect, pl	lease mark through the
incorrect information and w	rite the correct information in the open space.	
-	er the due date, you will be sent a letter for penalties and	d interest due.
•	N IS INVALID UNLESS IT IS SIGNED. BE ASSESSED TO ALL PAYMENTS RECEIVED AFTER THE 15th OF	EACH MONTH.**
PLEASE CHECK BOX IF ADDRESS HAS CHANGED.	THIS RETURN WITH PAYMENT TO COVER TAX DUE MUST BE RÉCEIVED WITHIN 15 DAYS OF THE CALENDAR MONTH SUCCEEDING THE MONTH IN WHICH THE TAX ACCRUED.	OFFICE USE ONLY
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN AND TO	TYPE OR PRINT NAME AND TITLE OF PREPARER	
THE BEST OF MY KNOWLEDGE AND BELIEF. IT IS TRUE, CORRECT AND COMPLETE.	×	

PREPARERS SIGNATURE AND DATE

SIGNATURE REQUIRED

A SERVICE FEE WILL BE CHARGED FOR ALL

RETURNED CHECKS.