



# HOTEL/MOTEL OCCUPANCY TAX RETURN CITY OF CHARLESTON

915 QUARRIER STREET, SUITE 4  
CHARLESTON, WV 25301

Phone: (304)348-8024 Fax: (304)347-1810



Hotel/Motel Name: \_\_\_\_\_

Payment for Month  
the Ending: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Physical Address of  
Hotel/Motel: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone  
Number: \_\_\_\_\_

1. Gross Occupancy Receipts: \_\_\_\_\_

2. Less (Exemptions): \*\*\* \_\_\_\_\_

3. Taxable Occupancy Receipts: \_\_\_\_\_  
(Line 1 minus Line 2)

4. Total Tax Remitted: \_\_\_\_\_  
(Line 3 times 6%)

\*\*\* Please attach a list of all transactions including the name(s), date(s) of stay and the amount(s) that were not charged the Hotel/Motel Occupancy Tax during the reporting month.

## INSTRUCTIONS

1. Please complete this form in its entirety and return the form with your accompanying check made payable to the City of Charleston to the address above.
2. **Failure to complete this form in its entirety and/or enclose your remittance may result in the delay of the processing of your payment and the assessment of penalties and interest.**
3. If your name, address and/or contact information printed on the form is incorrect, please mark through the incorrect information and write the correct information in the open space.
4. **If your return is received after the due date, you will be sent a letter for penalties and interest due.**
5. Sign the return. THIS RETURN IS INVALID UNLESS IT IS SIGNED.

**\*\*PENALTY & INTEREST WILL BE ASSESSED TO ALL PAYMENTS RECEIVED AFTER THE 15th OF EACH MONTH\*\***



**PLEASE CHECK BOX IF ADDRESS  
HAS CHANGED.**

UNDER PENALTIES OF PERJURY, I DECLARE  
THAT I HAVE EXAMINED THIS RETURN AND TO  
THE BEST OF MY KNOWLEDGE AND BELIEF, IT  
IS TRUE, CORRECT AND COMPLETE.

A SERVICE FEE WILL BE CHARGED  
FOR ALL RETURNED CHECKS.

THIS RETURN WITH PAYMENT TO COVER TAX DUE MUST BE RECEIVED WITHIN 15 DAYS  
OF THE CALENDAR MONTH SUCCEEDING THE MONTH IN WHICH THE TAX ACCRUED

\_\_\_\_\_  
TYPE OR PRINT NAME AND TITLE OF PREPARER

**X**

\_\_\_\_\_  
PREPARER'S SIGNATURE AND DATE

**SIGNATURE REQUIRED**

**OFFICE USE ONLY**

**Our office is open daily, Monday through Friday from 8:00 a.m. to 5:00 p.m., except holidays.**

