

Person County Finance Department
304 S. Morgan Street, Rm. 219
Roxboro, NC 27573

PERSON COUNTY OCCUPANCY TAX REPORT

(TO BE FILED BY THE 20TH OF THE FOLLOWING MONTH)

For the Month of _____, 20_____

TRADE NAME UNDER WHICH BUSINESS IS OPERATED			
NAME OF OWNER			
STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER OR FEDERAL I.D. NO.		CONTACT	
		TELEPHONE	

COMPUTATION OF OCCUPANCY TAX	SALES	6% OCCUPANCY TAX
1. Gross Retail Receipts (Excluding Sales Tax)	\$	
2. Less: Non-occupancy Related Receipts	\$	
3. Less: Occupancy Receipts Not Subject to Sales Tax	\$	
4. Less: Occupancy Receipts After 90th Consecutive Day	\$	
5. Credits on Previously Charged Exempt Receipts	\$	
6. Net Retail Receipts Subject to Occupancy Tax	\$	
TOTAL OCCUPANCY TAX DUE		
7. Tax (Line 6 multiplied by 0.06)		\$
8. Penalty (5% of tax due) (Sums of lines 8 & 9 must not be less than \$5.00)		\$
9. Additional Penalty (5%/Month) (Sums of lines 8 & 9 must not be less than \$5.00)		\$
10. Total Amount Due		\$
11. Total Amount Remitted		\$

Occupancy/Rate Information

Total Number of Rooms (A)	Days in this Month (B)	Total Number of Available Room Nights A x B (C)	Total Number of Room Nights Rented (per this month) (D)	Average Occupancy D / C x100 (E)	Total Room Revenue (per this month) (F)	Average Daily Rate (F / D) (G)

Certification: I certify that this report, including all statements and schedules attached hereto, has been examined by me, and is to the best of my knowledge and belief, a true and complete report made in good faith covering the month named above and is in accordance with the records of the reporting taxpayer.

Date _____ Signature _____

Note: Instructions are printed on the back of this report.

Revised 8/11