

Jefferson County, West Virginia --Hotel Occupancy Tax Return

For the Month of _____, 20____

Name of Hotel/Motel: _____

Name of Business/Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: (____) _____

1. Occupancy Receipts Subject to Tax: \$ _____
2. Tax –[6% of line 1-above] \$ _____
Penalties, If due \$ _____
3. A. 5% of Line 2 if not paid by the 15th of the month
\$ _____
B. 1% of Line 2 for each additional month tax remains unpaid:
\$ _____
4. Total Due: Lines 2; 3A and 3B \$ _____

I do hereby swear, under penalty of perjury, that the statements and items (both as to designation and amounts) entered in the foregoing returns and statement are to the best of my knowledge and belief true and correct.

Signature: _____

Print name of signer _____

Date signed: _____

MAIL TO:
Jefferson County Sheriff/Treasurer
PO Box 9, Charles Town, WV 25414

(return this form with remittance)