

CITY OF SUMMERSVILLE
400 NORTH BROAD STREET
P.O. BOX 525
SUMMERSVILLE, WV 26651

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HOTEL/MOTEL TAX RETURN

Name & Address

_____ 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: \$ _____

COMPUTATION OF AMOUNT OF TAX DUE:

9. TOTAL TAXABLE ROOM REVENUE (LINE 8) \$ _____
10. MULTIPLY AMOUNT ON LINE 9 BY .03
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: _____