

**TAXPAYER INFORMATION**

Hotel Room Rental Tax is imposed at the rate of four (4) percent of the consideration received by each operator of a hotel within Montgomery County from each transaction of renting a room or rooms. The tax is to be collected by the operator of each hotel from each patron who rents a room. Each operator is required to file a tax return and remit tax due on or before the 25<sup>th</sup> day of the month subsequent to the month in which the tax is levied.

**INSTRUCTIONS**

- 1. Compute tax on both portions of this bill.
- 2. If there is no tax due for a given period file return indicating "NO TAX DUE" in item 3.
- 3. Make check payable to "County of Montgomery."
- 4. Mail lower portion of bill ONLY with your check to Montgomery County Courthouse, Treasurer's Office, P.O. Box 311, Norristown PA 19404-0311.

**HOTEL ROOM RENTAL TAX**

| Hotel Name                | Type in your hotel | For the Month of | Apr-26 |
|---------------------------|--------------------|------------------|--------|
| 1. Taxable Rentals        |                    | 100              |        |
| 2. Tax Rate               |                    | 4%               |        |
| 3. Tax Due                |                    | 4                |        |
| 4. Penalty 1.5% per Month |                    |                  |        |
| 5. Total Due              |                    | 4                |        |

RETAIN THIS PORTION FOR YOUR RECORDS-YOUR CANCELLED CHECK IS YOUR RECEIPT

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DETACH HERE

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|---------------------------|--------------------|------------------|--------|
| 1. Taxable Rentals        |                    | 100              |        |
| 2. Tax Rate               |                    | 4%               |        |
| 3. Tax Due                |                    | 4                |        |
| 4. Penalty 1.5% per Month |                    | 0                |        |
| 5. Total Due              |                    | 4                |        |

I hereby certify that this return has been examined by me and that the information contained herein is true, correct and complete to the best of my knowledge and belief.

Signature:  
  
Title: \_\_\_\_\_  
  
Date: \_\_\_\_\_

Hotel  
Record