



Gaithersburg
CITY OF GAITHERSBURG
DEPARTMENT OF FINANCE
31 SOUTH SUMMIT AVENUE
GAITHERSBURG, MARYLAND 20877
301-258-6320

HOTEL RENTAL TAX REPORT

HOTEL NAME _____

IMPORTANT

ADDRESS _____

This return must be filed on or before the last day of the month, immediately following the period for which the return is filed. A return must be filed even though no tax is due. See next page titled Hotel Rental Tax information.

PHONE _____

I. COLLECTIONS

1. Total Room Rental Collected for Month of _____ 20____ \$ _____

2. Exemptions \$ _____
 (Exemptions are only those allowed under City Code Chapter 3A Sec. 3-4)

3. Net Room Rental Collections Subject to Tax (Line 1 Less Line 2) \$ _____

II. TAX COMPUTATION

4. Tax Collected and Remitted Herewith (2% of Line 3 Above) \$ _____
 If payment is delinquent (City Code Chapter 3A Sec. 3-5)

(a) Interest @1% per month or fraction of a month \$ _____

(b) Penalty @5% per month or fraction of a month to a maximum of 25% from due date of report. \$ _____

5. **Total Tax Due** (Including Interest and Penalty, if any) \$ _____

(Make check payable to City of Gaithersburg, mail one copy of report with remittance to above address)

I declare under penalty of perjury, that this report has been examined by me and to the best of my knowledge and belief is true, correct and complete.

 Signature

 Title

 Date

 Type or print name of signer

If business has been discontinued or sold, state whether:

Permanent – give date _____

Temporary – give date from _____ or _____

Sold – give effective date _____

Purchaser's Name _____ Phone No. _____

Address _____