

**MONTHLY TAX EXEMPTION STATEMENT FORM
SCHUYLKILL COUNTY HOTEL TAX**

OFFICE OF THE COUNTY TREASURER

401 NORTH SECOND STREET
POTTSVILLE, PA 17901
570-628-1436
FAX: 570-628-1431

REPORTING PERIOD: _____ THROUGH: _____

PLEASE COMPLETE THE FOLLOWING EXEMPTION REPORTING SECTION

NOTE: IF ADDITIONAL SPACE IS NEEDED, PLEASE COPY.

Guest Name	Date Occupancy Began	Receipt Total

TOTAL RECEIPTS THAT INDICATE FOREIGN AND FEDERAL EXEMPTIONS: _____

TOTAL RECEIPTS THAT INDICATE FOREIGN OR FEDERAL EXEMPTIONS: _____

TOTAL RECEIPTS THAT INDICATE OTHER EXEMPTIONS: _____

TOTAL EXEMPT RECEIPTS FOR THIS PERIOD: _____

NAME OF FACILITY: _____

ADDRESS: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

HOTEL OPERATORS ARE REQUIRED TO MAINTAIN RECORDS TO SUPPORT AND IDENTIFY EXEMPTIONS. THIS FORM MUST ACCOMPANY THE MONTHLY HOTEL TAX RETURN. I UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN ARE SUBJECT THE PENALTIES PURSUANT TO 18 Pa.C.S.A. 4904 RELATING TO UN SWORN FALSIFICATION TO AUTHORITIES.