

Corporation of Bolivar
Hotel Occupancy Tax Return

"Hotel" means any facility in which the public may obtain sleeping accommodations including, but not limited to: hotels, motels, boarding houses, inns, lodges, cabins, tourist homes, condominiums, etc.

Name of Hotel:

Address of Hotel:

Phone Number of Hotel:

"Hotel Operator" includes, but is not limited to: proprietor, owner, lessee, trustee, licensee, receiver, and executor.

Name of Hotel Operator:

Address of Hotel Operator:

Phone Number of Hotel Operator:

Hotel Occupancy Tax is due and collected on the 15th day of April, July, October, and January for the previous quarter.

Please denote the quarter to which this payment is applicable:

January-March

April-June

July-September

October-December

1.Total Receipts Subject to Hotel Occupancy Tax: \$ _____

2.Tax Herein Remitted: (5% of # 1 above): \$ _____

Failure to fully and timely remit Hotel Occupancy Tax may result in late fees and fines.

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

Signature:

Print name of signer:

Date signed:

Mail this form and check to:
Jefferson County Sheriff/Treasurer
P. O. Box 9
Charles Town, WV 25414