

CLAREMORE

FINANCE DEPARTMENT

HOTEL TAX RETURN

NAME OF TAXPAYER

CERTIFICATE OF REGISTRATION

TAXPAYER ADDRESS

NAME OF BUSINESS

CITY, STATE AND ZIP CODE

MONTHS COVERED BY THIS
RETURN

COMPUTATION OF TAX

- | | |
|--|----------|
| 1. TOTAL GROSS RECEIPTS | \$ _____ |
| 2. TOTAL EXEMPTIONS (ATTACH EXEMPTION SHEETS) | \$ _____ |
| 3. NET TAXABLE RECEIPTS (LINE 1 LESS LINE 2) | \$ _____ |
| 4. AMOUNT OF TAX (5% OF LINE 3) | \$ _____ |
| 5. LESS 3% OF LINE 4 (DISCOUNT, IF TIMELY FILED) | \$ _____ |
| 6. 1 ½% INTEREST PER MONTH FROM DELINQUENCY DATE TO
DATE OF PAYMENT | \$ _____ |
| 7. 10% PENALTY (IF PAYMENT IS DELINQUENT) | \$ _____ |
| 8. TOTAL TAX DUE | \$ _____ |

I HEREBY CERTIFY THAT THIS RETURN AND ANY ACCOMPANYING SCHEDULES
ARE TRUE AND CORRECT.

SIGNATURE OF TAX PAYER

DATE

COMPLETE AND MAIL TO:

City of Claremore
Attn: Finance Department
PO Box 249
Claremore, OK 74018
918-341-1325 ext. 132

FOR OFFICE USE ONLY:

DATE RECEIVED: _____