

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: _____