

Durham County Hotel/Motel Occupancy Tax Return

(To be filed within 15 days from the close of each month)

Business Name _____

Name of Owner _____

Location _____

Mailing Address _____

N.C. Sales Tax Number _____

Report for Month of _____, 20__.

	Sales
1. Gross Room/Rental Receipts (Excluding Sales Tax)	
2. Durham County Hotel/Motel Occupancy Tax Multiply Line 1 by rate of 6%	
3. Penalty amount (see 4 of instructions)	
4. Total Due (add lines 1-3)	

CERTIFICATION: This is to certify that this report, including all attachments, has been examined by me, and is, to the best of my knowledge and belief, a true complete report made in good faith covering the month indicated above and that same is in accordance with the books and records of the reporting taxpayer.

Date _____ **Signature** _____

RETURN TO DURHAM COUNTY WITH REMITTANCE

Send payment to:
 Durham County Tax Collector
 Hotel/Motel Occupancy Tax Division
 P.O. Box 3397
 Durham, NC 27702