

**THE McKEAN COUNTY HOTEL EXCISE TAX  
MONTHLY REPORT**

\_\_\_\_\_  
**Facility County Excise Tax #**

OFFICE USE ONLY

Date Paid \_\_\_\_\_

Check # \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Reporting Period \_\_\_\_\_ to \_\_\_\_\_

Gross receipts	\$
Less exempt receipts	\$
Taxable receipts	\$
Amount tax collected at 3%	\$
Tax due	\$
Plus late payment fee at .75%/month	\$
Less permanent residents credit	\$
Total payment due	\$

1. Number of rooms \_\_\_\_\_ x \_\_\_\_\_ (days in period) = \_\_\_\_\_

2. Total number of rooms occupied for period \_\_\_\_\_

This tax is to be collected by the operator of each facility from each patron who rents a room. Each operator is required to file a tax return and remit tax due on or before the 25<sup>th</sup> day of the month subsequent to the month in which the tax is levied. If there is no tax due for a given period, file return indicating "**NO TAX DUE**" on the tax due line.

I hereby certify that this return has been examined by me and that the information herein is true, correct and complete to the best of my knowledge.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Remit by the 25<sup>th</sup> of each month for the prior month  
Make check payable to: McKean County Treasurers Office  
Mail to: McKean County Treasurers Office  
500 West Main Street  
Smethport, PA 16749  
Phone: 814/887-3220  
Fax: 814/887-3229

Original – County Copy

Duplicate – Hotel Copy