

**PERMANENT RESIDENT EXEMPTION STATEMENT FOR
THE McKEAN COUNTY HOTEL EXCISE TAX**

Collection Period _____ through _____

Business Name _____

Facility County Excise Tax # _____

**THE UNDERSIGNED CLAIMS EXEMPTION FROM THE McKEAN COUNTY HOTEL
EXCISE TAX FOR THE FOLLOWING PERMANENT RESIDENTS,
AS DEFINED BY STATUTE AND ORDINANCE.**

Guest	Address	Price Charged	Date Occupancy Began
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL PERMANENT RESIDENT EXEMPT RECEIPTS: _____

Vendor' signature: _____ Establishment: _____

Hotel operators are obligated to maintain records to support and identify this type of exemption, i.e. copies of the exemption certificates or other identifying documents.

**THIS FORM MUST ACCOMPANY YOUR MONTHLY TAX RETURN:
SUBMIT BY THE 25TH OF EACH MONTH FOR THE PRIOR MONTH.**

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