COUNTY OF MONROE
HOTEL ROOM RENTAL EXCISE TAX EXEMPTIONS
NON-PERMANENT RESIDENTS

Name of Establishment:_____

For Report Period End:_____

*Exempt Code	Date	Guest Name	Organization	Room Rate	Nights	Exempt Revenue
					Total	

Guest Hotel Exemptions Certificates and Folios must be on file for exemptions that are claimed.

*Please indicate exempt code A, B, or C as described below:

A. Employee of the Commonwealth of Pennsylvania
B. Employee of the Federal Government
C. Employee of a Purely Public Charity

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

_____ _____

Operator Signature Date