

**MONROE COUNTY ROOM RENTAL EXCISE TAX
QUARTERLY REPORT**

OFFICE USE ONLY

Date Paid _____

Facility County Excise Tax # _____

Check # _____

Business Name _____

Address _____

Phone: _____

Reporting Period _____ to _____

Gross Room Receipts (Not Including Taxes Collected)	\$
Less Exempt Receipts	\$
Less Permanent Resident Receipts	\$
Taxable Room Receipts	\$
Amount of Tax Collected at 3%	\$
Room Rental Excise Tax Due	\$
Plus Late Payment Interest @1.50% per month	\$
Total Payment Due	\$

This tax is to be collected from each patron who rents a room less than 30 days by the operator of each facility.

Each operator who is required to file a sales tax return to the Pennsylvania Department of Revenue shall submit the required reports to the Treasurer on or before the twenty-fifth(25th)day of the month following the calendar quarter. If there is no tax due for a given period, file return indicating "**NO TAX DUE**" on the total payment due line.

I herby 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 25th day of the month following the calendar quarter

Make check payable to: Monroe County Treasurer

One Quaker Plaza

Room 103

Stroudsburg, Pa. 18360

Email: Treasurernotify@monroecountypa.gov

Phone(570)517-3180

Fax(570)517-3859