



**CITY OF BECKLEY
HOTEL OCCUPANCY TAX RETURN**

Hotel/Home: _____
Manager: _____
Address: _____
Telephone: _____

For taxes collected during the month of _____

Number of Rooms: _____

COMPUTATION OF REVENUES

- 1. Gross Room Revenue for Tax Period \$ _____
- 2. Amounts from Credit Sales not reported in last tax period \$ _____
- 3. Total Gross Room Revenue (line 1 + line 2) \$ _____

ADJUSTMENTS TO GROSS ROOM REVENUE

- 4. Amounts billed to and paid by Federal Government \$ _____
- 5. Amounts billed to and paid by the State of West Virginia \$ _____
- 6. Total Adjustments (line 4 + line 5) \$ _____
- 7. Total Taxable Room Revenues (line 3 minus line 6) \$ _____

TAX COLLECTED AND REMITTED

- 8. Hotel Occupancy Tax Collected This Period \$ _____
- 9. Adjustments (Attach explanation) \$ _____
- 10. Penalty (Add penalty of 5% for first month or fraction thereof, and 1% for each succeeding month or fraction thereof of delinquency) \$ _____
- 11. Total Tax Remittance with This Return \$ _____

Under penalty of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and complete.

Authorized Signature Title Date

This return, with remittance, is due on or before the 15th day of the calendar month next succeeding this month in which the tax accrued.

Please make remittance payable to CITY OF BECKLEY and mail to:
City of Beckley, Recorder-Treasurer, PO Box 2514, Beckley, WV 25802-2514
Payments can also be delivered to 409 S. Kanawha Street, Beckley (Monday – Friday 8:30am-4:30pm)