



City of Beckley
PO Box 2514
Beckley, WV 25802-2514
receivables@beckley.org

Phone: 304-256-1768
or: 304-256-1758

Hotel Occupancy Tax Return

Business Name: _____

Tax Contact: _____

Address: _____

Telephone: _____

For taxes collected during the month of _____

Number of Rooms: _____

Revenues

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

Adjustments

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

Tax Collected and Remitted

9. Hotel Occupancy Tax Collected This Period \$ _____
10. Adjustments (Attach explanation) \$ _____
11. Penalty (Add penalty of 5% for first month or fraction thereof, and 1% for each succeeding month or fraction thereof of delinquency) \$ _____
12. 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.