MONTHLY TAX EXEMPTION STATEMENT FORM
CUMBERLAND COUNTY HOTEL TAX

OFFICE OF THE COUNTY TREASURER
1 COURTHOUSE SQUARE
CARLISLE, PA 17013
(717) 240-6380

PERIOD COVERED BY THIS REPORT:_____ THROUGH _____.

COMPLETE THE FOLLOWING EXEMPTION REPORTING SECTION
NOTE: IF ADDITIONAL SPACE IS NEEDED, PLEASE MAKE A COPY

GUEST NAME	DATE OCCUPANCY BEGAN	RECEIPT TOTAL

TOTAL RECEIPTS THAT INDICATES FOREIGN OR FEDERAL EXEMPTIONS: _____

TOTAL RECEIPTS THAT INDICATES THE OTHER EXEMPTIONS: _____

TOTAL EXEMPT RECEIPTS FOR PERIOD: _____

NAME OF FACILITY: _____

ADDRESS: _____

_____

AUTHORIZED SIGNATURE: _____ DATE: _____

HOTEL OPERATORS ARE REQUIRED TO MAINTAIN RECORDS TO SUPPORT AND IDENTIFY EXEMPTIONS.
THIS FORM MUST ACCOMPANY THE MONTHLY HOTEL TAX RETURN
I UNDERSTAND THAT FALSE STATEMENT MADE HEREIN ARE SUBJECT TO THE PENALTIES OF 18 PA. C.S. 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.