



**COUNTY OF CLINTON**  
**QUARTERLY HOTEL TAX REPORTING FORM**

***THIS REPORT IS TO BE FILED QUARTERLY, PURSUANT TO COUNTY CODE ACT OF AUGUST 9, 1955 (P.L. 323, NO. 130) AS AMENDED, P.S. §1770.6 AND CLINTON COUNTY ORDINANCE NO. 2016-1.***

**Make checks payable & remit to:**  
**Clinton County Treasurer**  
**230 East Water Street**  
**Lock Haven, Pa 17745**  
**Phone: 570-893-4004**

|   |
|---|
| <b>FOR COUNTY TREASURER'S OFFICE USE ONLY</b> |
| Quarter                                       |
| DATE PAID: _____                              |
| CHECK #: _____                                |

*All lines below must completed and not remain blank!*

**BUSINESS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** PA **ZIP:** \_\_\_\_\_

**CONTACT INDIVIDUAL (OWNER):** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**TAX PAYER (OPERATOR) SECTION:**

**Federal EIN #:** \_\_\_\_\_

**Reporting Period: From** \_\_\_\_\_ **To** \_\_\_\_\_

**1. Calculate the Total Number of Potential Room Rental Days for this Reporting Period:**  
 # of Hotel Rooms: \_\_\_\_\_ x # of Days in Reporting Period: \_\_\_\_\_  
 = # of Potential Room Rental Days: \_\_\_\_\_

**2. Actual Number of Occupied Room Rental Days for this Reporting Period:** \_\_\_\_\_

**3. COMPUTATION OF TAX DUE:**

|   |          |
|---|----------|
| <b>A. GROSS RECEIPTS FROM ROOM RENTALS</b>  | \$ _____ |
| <b>B. LESS EXEMPT RECEIPTS *</b>            | \$ _____ |
| <b>C. NET TAXABLE RECEIPTS</b>              | \$ _____ |
| <b>D. TAX DUE AT 5.0% OF NET RECEIPTS</b>   | \$ _____ |
| <b>E. AMOUNT OF PAST DUE TAXES (IF ANY)</b> | \$ _____ |
| <b>F. LATE FEE (1.5% PER MONTH)</b>         | \$ _____ |
| <b>G. TOTAL TAX PAYMENT DUE (D + E + F)</b> | \$ _____ |

*\*Operators are obligated to maintain records to support and identify this type of exemption i.e. copies of the exemption certificate or other identifying documents.*

Hotel Tax is imposed at the rate of 5% of the taxable receipts received by each operator of a facility within Clinton County. The tax is to be collected by the operator of each facility from each patron who rents a room. Each operator is required by law to file a tax return, and remit tax due within 30 days after the end of each quarter. If there is no tax due for a given period, file return indicating “.00” on Total Tax Payment Due (line G). Failure to remit timely payment may result in civil and/or criminal charges, including fines, penalties, and attorney’s costs, as allowed by law.

**I hereby certify that the information contained herein is true and correct to the best of my knowledge, and is a disclosure of all tax collected or incurred during the period indicated.**

|           |       |      |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|