

PIKE COUNTY HOTEL ROOM RENTAL EXCISE TAX RETURN

INSTRUCTIONS FOR COMPLETION OF FORM 2

- ♦ Enter information in the required fields in the appropriate areas at the top of Form 2.
 - Operator's Pike County Hotel Room Rental Excise Tax Number.
 - Operator's Legal Name, Trade Name, Address, Day Time Telephone Number, Email address.
 - Tax Reporting Period Beginning Date and Ending Date.
- ♦ Make your check or money order payable to "Pike County Treasurer". Do not send cash.
- ♦ Sign, title and date the completed Form 2. Mail Form 2, and Forms 3 and Form 4 if applicable, and your payment to the Pike County Chief Clerk, Pike County Commissioners' Office, 506 Broad Street, Milford, PA 18337.
- ♦ Do not report negative amounts on this return.

Line 1 – Enter total gross receipts, rentals, leases, and services both taxable and non-taxable for the period of this return. Do not include tax collected. Do not report negative figures.

Line 2 – List total exempt receipts.

Line 3 – Compute taxable receipts: Gross receipts minus (-) tax exempt receipts.

Line 4 – Enter total amount of tax actually collected or 3% (.03) of Line 3, whichever is greater.

Line 5 – If tax payment is received after 25th day of the month following the close of the previous calendar quarter .75%/month late penalty must be included. Example: after April 25, July 25, October 25, January 25, a late penalty of .75% per month must be included with tax payment.

Line 6 – If any return is filed after the due date, a late filing fee of \$50.00 must be included.

Line 7 – List permanent residents' credit. See "County of Pike Hotel Room Rental Excise Tax Rules and Regulations as of April 1, 2005", Part II, Section D. Permanent Residents, 1. General; and 2. Procedure for Credits. Completed Forms 3 and Form 4 must be submitted to verify permanent residents' credit.

Line 8 – Total payment due to **Pike County Treasurer**. Line 4 plus Line 5 plus Line 6 minus Line 7 = Line 8.

Line 9 – Multiply total number of rooms of lodging facility (x) the number of days in reporting period (quarter) = cumulative number of rooms available for period. Example: Facility with 50 rooms x 91 days (April 30, May 31, June 30) = 4550 available rooms per period.

Line 10 – List actual number of rooms occupied (rented) per reporting period.

**PIKE COUNTY HOTEL ROOM RENTAL EXCISE TAX
REGISTRATION APPLICATION**

Pike County Chief Clerk
506 Broad Street
Milford, PA 18337
(570) 296-3441

OFFICE USE ONLY

Date received _____
Operator's County Excise
Tax # _____

PLEASE TYPE OR PRINT LEGIBLY

1. Operator's Legal Name: _____
Trade Name (DBA) _____
2. Location of principal place of business: (P.O. Boxes are not acceptable) _____
Telephone # _____ Email address: _____
3. Billing address (if different than #2). All records involving County of Pike transactions must be kept at the business location: _____
Telephone # _____ Email address: _____
4. Federal Employer Identification Number (EIN): _____
5. Applicant is operating as: _____ Individual _____ Partnership _____ Association
_____ Corporation _____ Other (describe) _____
6. Please list the name(s), title(s) and telephone number of individual(s) responsible for remitting the Pike County Hotel Room Rental Excise Tax.
Name _____ Title _____ Phone # _____
Name _____ Title _____ Phone # _____
7. Type of business: _____ Hotel _____ Motel _____ Bed and Breakfast _____
_____ Guest House _____ Other (describe) _____
8. Total number of lodging rooms: _____
9. Price range: Single rooms: Double rooms:
 Per day _____ Per day _____
 Per week _____ Per week _____
 Per month _____ Per month _____

I certify that the information provided on this registration form has been examined by me, and is, to the best of my knowledge, true, correct, and complete.

Name (Print) _____ Title _____
Signature _____ Date _____ Phone # _____

PIKE COUNTY HOTEL ROOM RENTAL EXCISE TAX
QUARTERLY REPORT

Date Paid _____

Check # _____

PLEASE TYPE OR PRINT LEGIBLY

OPERATOR'S HOTEL ROOM RENTAL EXCISE TAX NUMBER: _____

Operator's Legal Name: _____

Trade Name (DBA): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (____) _____ Email address: _____

Tax Reporting Period: From: _____ To: _____

1.	Gross receipts	\$
2.	Less exempt receipts	\$
3.	Taxable receipts	\$
4.	Amount tax collected at 3%	\$
5.	Plus late payment fee at .75%/month	\$
6.	Plus late filing fee of \$50.00	\$
7.	Less tax exemption credits	\$
8.	Total payment due (4+5+6-7)	\$

PLEASE PROVIDE THE FOLLOWING IMPORTANT INFORMATION.

9. Total number of rooms/units _____ x _____ (days in period) = _____ Available rooms/units per period.

10. Actual number of rooms occupied for period _____

This tax is to be collected by the operator of each facility from each patron who rents a room/unit. Each operator is required to file a tax return and remit tax due on or before the 25th day of the month following the close of the calendar quarter. If there is no tax due for given period, file return indicating "**NO TAX DUE**" on Line 8.

I certify that the information provided on this report has been examined by me, and is, to the best of my knowledge, true, correct, and complete.

Name _____ Title _____

Signature _____ Date _____ Phone # _____

Remit by the 25th of each January, April, July, October for the prior calendar quarter.

Make check payable to: **PIKE COUNTY TREASURER**

Mail to: Pike County Chief Clerk, Pike County Commissioners' Office

506 Broad Street

Milford, PA 18337

Phone: (570) 296-7613