

NAME
ADDRESS
CITY, STATE & ZIP CODE

HOM



I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.
SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT

1. TOTAL OCCUPANCY CONSIDERATION

2. LESS: EXEMPT ENTITIES

3. TAXABLE AMOUNT

HOTEL TAX RATE: 5% STATE TAX
1% LOCAL TAX

4. TAX AMOUNT DUE AND PAID \$
(LINE 3 MULTIPLIED BY 6%)

FORM HOM REV D 03/2021	TITLE	DATE
FEDERAL IDENTIFICATION NUMBER	RETURN FOR MONTH ENDING	

