

Return To:
 Onslow County Finance Office
 234 NW Corridor Blvd
 Jacksonville, NC 28540

Due by 15th of the following month

Report for Month of: _____, _____

ONSLow COUNTY
 ROOM OCCUPANCY TAX REPORT

Instructions on reverse side

SOCIAL SECURITY/FEDERAL TAXPAYER IDENTIFICATION NUMBER _____

NAME OF FIRM/OWNER _____

BUSINESS NAME _____

MAILING ADDRESS _____

CITY/ST/ZIP _____ PHONE _____

PROPERTY LOCATION _____

If additional space is needed, attach list, please.

Number of units: _____ Rental Frequency: Daily Weekly Other _____

*** If no income during reporting period, check here:

*** If no longer in business, furnish date business ceased to operate: _____

Provide Gross Receipts (round to nearest dollar) excluding tax collected.

COMPUTATION OF OCCUPANCY TAX		FOR OFFICIAL USE
1. Gross Occupancy Receipts (Excluding All Tax)		Verified: Audited:
2. Less: Occ. Tax Receipts after 90th Consec. Day		
3. Less: Credits on Prev. Charged Exempt Receipts		
4. Net Occucancy Tax Receipts (Line 1 minus 2 & 3)	-	
5. TOTAL OCCUPANCY TAX DUE (3% of Line 4)	-	
6. Less Administrative Cost (3% of Line 5)	-	
7. Net Tax (Line 5 minus Line 6)	-	
8. Penalty (\$10 Per Day) Days: _____	-	
9. Additional Tax (5% Per Month of Past Due Tax)		
10. TOTAL AMOUNT DUE (Line 7 plus Lines 8 & 9)	\$ -	

CERTIFICATE OF TAXPAYER: This is to certify that this report, including all attachments, has been examined by me, and is, to the best of my knowledge and belief, a true and complete report made in good faith covering the month indicated above and that same is in accordance with the books and records of the reporting taxpayer.

Authorized Signature _____ Date _____

Print Name _____ Title _____

This report must be signed by owner or by an authorized officer of business, partnership or corporation.