

CONFIDENTIAL

Return to:
City of Southport
Tax Collector's Office
1029 N. Howe St.
Southport, NC 28461

City of Southport
Room Occupancy Tax Report

INSTRUCTIONS ON REVERSE SIDE

Report for Month & Year _____

Name of Firm/Owner
Mailing Address:
Property Location:
<i>(if additional space is needed, please attach)</i>
Number of Units:

- *** Report MUST be filed each month, even though no tax may be due.
- *** If no income during reporting period, check here
- *** If this is the final seasonal report, please indicate expected re-opening date. _____, 20____
- *** If no longer in business, furnish date business ceased to operate. _____, 20____

Provide gross receipts (*round to the nearest dollar*) excluding tax collected. Enter revenue by type and location.

Motels, Hotels, Inn	Other Property	Total
_____	_____	_____
_____	_____	_____

Less Exempt Receipts (see instructions and attach appropriate documentation) _____

TOTAL OF GROSS RECEIPTS _____

MULTIPLY TOTAL OF GROSS RECEIPTS BY 3% AND ENTER

Total Tax Due City of Southport _____

Add Penalty, if applicable (see instructions) _____

Total Amount Due City of Southport _____

Total Amount Remitted _____

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.

Date: _____, 20____ Signed: _____

Report must be signed by owner of business, by partner if a partnership, or if a corporation, by an authorized officer.