



LODGING TAX RETURN

Business Name: _____ Town License Number: _____
Business Location: _____ Period Covered: _____
Mailing Address: _____ Due Date: 20th of the month
_____ Today's Date _____
Phone Number: _____

(1) Gross receipts from accommodations \$ _____
(2) Subtract Deductions:
(a) Accommodations under contract for 30 days or more to a sole person or entity \$ _____
(b) Sales to government, religious or charitable organizations \$ _____
(c) Total deductions (sum line 2a through 2b) -\$ _____
(3) Net Taxable accommodations (line 1 minus 2c) \$ _____
(4) Tax @ 2% (line 3 x .02) \$ _____
(5) ADD for late filing
(a) penalty 10% (line 4 x .10) (Minimum amt \$10.00) \$ _____
(b) interest 1% (line 4 x .01 months late) \$ _____
(c) Total penalty and interest (sum lines 5a and 5b) \$ _____
(6) Total due (total of lines 4 and 5c) \$ _____
(7) AMOUNT PAID \$ _____

Total number of nights rented _____

Please list online platforms or 3rd party booking services used and # of nights rented

Airbnb _____
Vrbo _____
Expedia _____
Hotels.com _____
Booking.com _____
Other _____ Name of Company _____

I hereby certify, under penalty of perjury, the statement made herein, are true and correct to the best of my knowledge and belief.

Signature of Taxpayer/Agent _____ Date _____