



SALES AND USE TAX DIVISION
 P.O. Box 427
 Annapolis, MD 21404-0427
 410-222-1739
 Hearing/Speech Impaired 711
 Fax 410-222-1151

HOTEL OCCUPANCY TAX

Instructions:

1. Fill in all blanks. If no information is applicable, write "NONE".
2. A tax return must be filed each month even if no tax is due.
3. For late returns, please complete the penalty and interest boxes.
4. Make check payable to "Anne Arundel County".

TAXPAYER ACCOUNT NUMBER: _____

TAXPAYER NAME AND ADDRESS:

FOR THE MONTH OF: _____

TAX DUE TO ANNE ARUNDEL COUNTY BY 25TH OF THE FOLLOWING MONTH

1. Number of Rooms Rented		6. Gross Receipts from Room Rentals	\$
2. Plus Number of Complimentary (comped) Rooms		7. Plus Normal Room Rental Rate for Amount of Complimentary (comped) Rooms	\$
3. Less Number of Exempt Room Rentals		8. Less Exempt Sales (if applicable)	\$
4. Total Number of Taxable Room Rentals		9. Amount of Taxable Room Rental	\$
5. Plus Number of Taxable Fees* (No-Show, Early Departure, Cancellation, etc.)		10. Plus Receipts From Taxable Fees	\$
* List Taxable Fee Types Included Above: _____ _____ _____		11. Total Taxable Amount	
		Multiplied by the Tax Rate .07	.07
		12. Tax Amount Due	\$
		FOR LATE RETURNS:	
		13. Penalty 10% of Tax Due (.10)	\$
		14. Accrued Interest (1/2 of 1% per month or fraction of a month past due) (.005 x tax due x # of months late)	\$
		15. Total Tax, Penalty and Accrued Interest Due	\$
16. Total Rooms Available for Rental			
17. Total Rooms Occupied			
18. Average Daily Rate	\$		

If this business was sold, please provide the following information for the purchaser:

Name: _____ Phone: _____
 Street Address: _____
 City: _____ State: _____ Zip code: _____
 Email Address: _____ Effective Date: _____

If this business has been Discontinued/Closed:

If temporary, Give Dates: From _____ To _____ Reason: _____
 If permanent, Give Closing Date: _____ Reason: _____

I declare under penalty of perjury that this return (including any accompanying statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Signed Name _____ Title _____ Date _____

Printed Name _____

FOR ANNE ARUNDEL COUNTY OFFICE OF FINANCE USE ONLY:
POSTMARK DATE _____ FOR THE MONTH OF _____