APPENDIX A: HOTEL/MOTEL TAX RETURN

PERIOD COVERED _____

VILLAGE OF SHILOH
HOTEL/MOTEL TAX RETURN

Name of hotel or motel _____ a _____

Name of operator _____ b _____

Address of hotel or motel location _____ c _____

Receipts for the period covered by the return as a total for the period and for each month covered by the period
_____ d _____

Receipts attributable to permanent residents by month and as a total for the period _____ e _____

The difference between d and e above for each month and for the period _____ f _____

The tax collected for the period _____ g _____

The tax paid with the return for the period _____ h _____

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I confirm that to the best of my knowledge this return is true and accurate and the tax due and owing for the period is correct as shown on this return.

_____
Operator or Agent

_____
Commission Expires: