County Name _____

County Innkeepers Tax Return

To be filed with County Treasurer's Office

					Amended Return	
Federal Tax ID	State Tax ID		Period End Date	Due on or before the 20th day following the month collected.		
Entity Name				County Code	County Code	
Street		City		State	ZIP Code	
Location Name		Enter Address if Different From Above				

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nental Notice #3.
nual tax liability for all missible rate is 0.73%.

- If your annual liability was greater than \$60,000 but did not exceed \$600,000 the permissible rate is 0.53%.
- If your annual liability was greater than \$600,000 the permissible rate is 0.26%.

Important: This form must be filed even though no tax is due.

Please file and remit payment to:

For Official Use Only