

OCCUPANCY TAX FORM



TO BE FILED WITHIN 15 DAYS FROM THE CLOSE OF EACH

For the Month of _____

BUSINESS NAME (if operated at such): _____

NAME OF OWNER: _____

MAILING ADDRESS: _____

***** Number Of Nights Rented During the Month: _____ *****

Computation of Occupancy Tax	Watauga 6% of Gross Rec.	Avery 6% of Gross Rec.
1. Gross Retail Receipts (excludes any tax)		
2. Less: Non-occupancy Related Receipts		
3. Less: Occupancy Receipts Not Subject to Sales Tax		
4. Less: Occupancy Receipts After 90 th Consecutive Day		
5. Credit on Previously Charged Exempt Receipts		
6. Net Retail Receipts		
Total of Occupancy Tax Due		
7. Total Tax (6% of line 6)		
8. Penalty		
9. Total amount Due		
Total Amount Remitted		

Certification: This is to certify that this report, including all statements and schedules attached hereto, 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 named above and that the same is in accordance with the records of the reporting taxpayer.

Signature: _____ Date: _____