

WAYNE COUNTY HOTEL ROOM RENTAL EXCISE TAX EXEMPTION STATEMENT
(TO BE SIGNED BY OPERATOR)
PLEASE TYPE OR PRINT LEGIBLY.

OPERATOR'S HOTEL ROOM RENTAL EXCISE TAX NUMBER: _____

Operator's Legal Name: _____

Trade Name (DBA): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email address: _____

Tax Reporting Period: _____ From: _____ To: _____

THE UNDERSIGNED OPERATOR CLAIMS EXEMPTION FROM THE WAYNE COUNTY HOTEL ROOM RENTAL EXCISE TAX FOR THE FOLLOWING REASONS:

1. Permanent Residents:

Name _____ Address _____ Price Charged _____ Date Occupancy Began _____

TOTAL PERMANENT RESIDENT EXEMPT RECEIPTS: \$ _____

2. Other (from Form 3):

Name (Print) _____ Title: _____

Signature- _____ Date _____ Phone # _____

I am authorized to execute this form and claim these exemptions. I have examined the documentation tendered to me by the persons claiming exemption from the tax and have found such documentation to be supportive of their claim.

Lodging Facility operators are obligated to-maintain records to support and identify this type of exemption, i.e. copies of the exemption certificates or other identifying documents. .

THIS FORM MUST ACCOMPANY YOUR QUARTERLY TAX RETURN:

Make check payable to: WAYNE COUNTY TREASURER

Mail to: Wayne County Treasures Office
925 Court Street, Honesdale, PA 18431