CITY OF WINSTON

TRANSIENT ROOM TAX REMITTANCE FORM

Please fill out form completely. Payment is due on the 10th day following the end of the month.

NAME:	PERIOD COVERED:	
ADDRESS:	DATE DUE:	
PHONE:	DELINQUENT AFTER:	
NUMBER OF ROOMS/SPACES:	_	
	CALCULATION SEC	<u>TION</u>
CHANGE OF ADDRESS must be filed and reported immediately to the City Recorder.	GROSS RENTS	
IF THE BUSINESS IS DISPOSED OF OR	2. Rent by Month	. \$
SUSPENDED, closing return must be filed	Government employee	\$
immediately at the Office of the City Recorder, City Hall. Tax due must be paid. No	3. TOTAL (Allow deductions) \$
change of ownership can be recorded until this is completed.	4. Taxable rents	\$
CHECKS, CASH, MONEY ORDERS AND DEBIT	5. TAX (7% of line 4)	\$
OR CREDIT CARDS, in the exact amount of	6. Add excess tax collected	\$
the tax due are accepted by the Office of the City Recorder only as agent of the taxpayer	7. TOTAL TAX DUE	\$
and do not constitute payment until cleared. The Office of the City Recorder assumes no	8. Penalty (10% of line 7)	\$
responsibility for the loss in transit. Postmark date is considered the date of	9. Interest (.5% per month)	
delivery. Please do not mail cash.	10. Adjustment for prior payment	
REMITTANCE: Avoid penalty – be sure proper remittance is enclosed.	11. TOTAL TAX, PENALTY ANI (Line 7, 8, 9 & 10 o overpayment)	r subtract 10 for
MAKE CHECK PAYABLE TO	12. Motel Owner Retention (5% of line 7)	.\$
CITY OF WINSTON	13. Amount to be PAID (Line 11 minus line 12)	.\$
	I DECLARE, UNDER PENALTY STATEMENT, THAT TO THE BEST CAND BELIEF, THE STATEMENTS HE AND TRUE.	F MY KNOWLEDGE
	 Signature	 Date