

TREASURER'S OFFICE

County of Dauphin



This form must be used to report exemptions from the Dauphin County 5% Hotel Tax. The following exemptions may be reported using this form:

- A. Pennsylvania State and Federal employees *ONLY* who are exempt by law from the Dauphin County 5% Hotel Room Rental Tax
- B. Renters who are residents of your facility for 31 days or longer

HOTEL TAX EXEMPTION STATEMENT

***Hotel operators are obligated to maintain records to support and identify this type of exemption.*

Account # _____ for collection period (mm/dd/yyyy) _____ thru _____

TO INSURE PROPER CREDIT TO YOUR ACCOUNT, PLEASE LIST YOUR CORRECT ACCOUNT # ABOVE.

The undersigned claims exemption from the Dauphin County 5% Hotel Room Rental Tax as defined by a statute and ordinance:

Guest	Address	Rate	Select Exemption Type
_____	_____	\$ _____	<input type="checkbox"/> State/Fed <input type="checkbox"/> 31-day+ resident
_____	_____	\$ _____	<input type="checkbox"/> State/Fed <input type="checkbox"/> 31-day+ resident
_____	_____	\$ _____	<input type="checkbox"/> State/Fed <input type="checkbox"/> 31-day+ resident
_____	_____	\$ _____	<input type="checkbox"/> State/Fed <input type="checkbox"/> 31-day+ resident
_____	_____	\$ _____	<input type="checkbox"/> State/Fed <input type="checkbox"/> 31-day+ resident
_____	_____	\$ _____	<input type="checkbox"/> State/Fed <input type="checkbox"/> 31-day+ resident
_____	_____	\$ _____	<input type="checkbox"/> State/Fed <input type="checkbox"/> 31-day+ resident
_____	_____	\$ _____	<input type="checkbox"/> State/Fed <input type="checkbox"/> 31-day+ resident
_____	_____	\$ _____	<input type="checkbox"/> State/Fed <input type="checkbox"/> 31-day+ resident
_____	_____	\$ _____	<input type="checkbox"/> State/Fed <input type="checkbox"/> 31-day+ resident
_____	_____	\$ _____	<input type="checkbox"/> State/Fed <input type="checkbox"/> 31-day+ resident
_____	_____	\$ _____	<input type="checkbox"/> State/Fed <input type="checkbox"/> 31-day+ resident
_____	_____	\$ _____	<input type="checkbox"/> State/Fed <input type="checkbox"/> 31-day+ resident

Total Exempt Receipts: \$ _____

Establishment: _____

Municipality: _____

Vendor's Signature: _____ Date: _____

THIS STATEMENT MUST ACCOMPANY THE APPROPRIATE TAX RETURN
 If the number of exemptions cannot be listed on one page, please use additional forms.
 Exemptions will not be granted without proper documentation.