



City of Shawnee

Monthly Hotel/Motel Occupancy Surcharge Collection Report

Taxpayer's Name _____

Taxpayer's Address _____

Hotel/Motel Address (if different) _____

Report for Month of _____, 20____

REMITTANCE OF SURCHARGE: DELINQUENT AFTER THE 20th DAY OF EACH MONTH

	<u>Column A</u>		<u>Column B</u>
1 Gross Receipts	\$ _____	*.05 =	\$ _____
2 Total Rooms Rented	_____		
3 Exempt Rooms Rented <i>(Supporting exemption report must be included)</i>	_____		
4 Net Taxable Rooms (Line 2 less line 3)	_____	* \$1.00 =	\$ _____
5 Gross Surcharge Due - Greater amount of Line 1B or 4B			\$ _____
6 Late Fee - 1.5% of Line 7 if paid after 20th of the Month (Penalty is 1.5% per calendar month for any late or unpaid balances)			\$ _____
7 Total Surcharge due to City of Shawnee			\$ _____

I hereby certify that the information and statements contained herein and in any schedules or exhibits are true and correct.

Send remittance to:

City Treasurer
City of Shawnee
P.O. Box 1448
Shawnee, OK 74802-1448

Signed

Title

Date