

**MONTHLY TAX EXEMPTION STATEMENT**  
**LEBANON COUNTY HOTEL TAX**  
**LEBANON COUNTY TREASURER'S OFFICE**  
ROOM 103, 400 S. 8th ST.  
LEBANON, PA 17042  
(717)228-4420

**REPORT COVERING MONTH** \_\_\_\_\_ **YEAR** \_\_\_\_\_

COMPLETE THE FOLLOWING EXEMPTION REPORTING SECTION  
NOTE: IF ADDITIONAL SPACE IS NEEDED, PLEASE MAKE A COPY

<b>GUEST NAME</b>	<b>DATE OCCUPANCY BEGAN</b>	<b>RECEIPT TOTAL</b>

TOTAL RECEIPTS: FOREIGN &/OR FEDERAL EXEMPTIONS: \_\_\_\_\_

TOTAL RECEIPTS: RESIDENCY EXEMPTIONS ..... \_\_\_\_\_

TOTAL RECEIPTS: OTHER EXEMPTIONS..... \_\_\_\_\_

**TOTAL EXEMPTIONS FOR MONTH:** \_\_\_\_\_

NAME OF FACILITY \_\_\_\_\_ ID# \_\_\_\_\_

I understand that false statement made here in are subject to the penalties of 18PA.C.S.4904  
Relating to Unsworn Falsification to Authorities.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

DATE \_\_\_\_\_

Hotel operators are required to maintain records to support and identify exemptions. This form must accompany the monthly hotel tax return if claiming exemptions.