

**LEBANON COUNTY HOTEL TAX RETURN**  
LEBANON COUNTY TREASURER'S OFFICE

MUNICIPAL BUILDING, RM 103  
400 S. 8th STREET,  
LEBANON, PA 17042  
(717) 228-4420

A. NAME OF FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

B. ID # \_\_\_\_\_ MONTH REPORTING \_\_\_\_\_ YEAR \_\_\_\_\_

C. TAX COMPUTATION:  
PLEASE  ONE

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1. GROSS ROOM RECEIPTS: \_\_\_\_\_

1. THIRD PARTY VENDER: \_\_\_\_\_

2. LESS: RECEIPTS EXEMPT FROM \_\_\_\_\_  
\* PER ATTACHMENT

(Air B&B, Etc.)  
2. LESS: RECEIPTS EXEMPT FROM \_\_\_\_\_  
\* PER ATTACHMENT

3. TAXABLE RECEIPTS: \_\_\_\_\_

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4. AMOUNT OF TAX DUE: (5 %) \_\_\_\_\_

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5. CREDIT: \_\_\_\_\_

CREDIT: \_\_\_\_\_

6. LATE PAYMENT FEE: \_\_\_\_\_

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7. INTEREST: \_\_\_\_\_  
(IF APPLICABLE @ 1.25% PER MONTH)

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(IF APPLICABLE @ 1.25% PER MONTH)

8. TOTAL DUE: \_\_\_\_\_

TOTAL DUE: \_\_\_\_\_

**MAKE CHECK PAYABLE TO: LEBANON COUNTY TREASURER**

I hereby certify that this return is to the best of my knowledge, information and belief, a full, true and correct disclosure of all taxes and fees collected or incurred during the period indicated on this return. I understand that false statements made herein are subject to the penalties of 18 PA.C.S.4904 Relating to Unsworn Falsification to Authorities.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**TAXPAYER INFORMATION**

The Lebanon County Hotel is imposed at the rate of 5% of the consideration received by each Operator of the facility within Lebanon County from each transaction of renting a room or rooms. The tax is to be collected by the Operator of each facility from each Patron who rents the room. **Each Operator is required to file a tax return and remit tax due on or before the 20th day of the month subsequent to the month in which the tax is levied. If there is no tax due for a given period, file the return indicating, "NO TAX DUE" on the tax due line.**