



# ORANGE COUNTY TRANSIENT OCCUPANCY TAX REPORT

PO BOX 8181  
HILLSBOROUGH, NORTH CAROLINA 27278  
Telephone (919) 245-2738

**RETURN DUE ON OR BEFORE THE 15th DAY OF EACH MONTH  
FOLLOWING THE MONTH IN WHICH THE TAX ACCURES**

**EVEN IF NO SALES OCCURRED DURING THE MONTH, YOU MUST SUBMIT A ZERO RETURN**

**\*\*\*PLEASE KEEP A COPY OF THIS RETURN\*\*\***

FOR THE MONTH OF:		SOCIAL SECURITY OR FEDERAL ID NUMBER:	
TRADE NAME UNDER WHICH BUSINESS IS OPERATED:		BUSINESS PHONE NUMBER:	
BUSINESS STREET ADDRESS:		CITY:	STATE & ZIP CODE:
BUSINESS MAILING ADDRESS:		CITY:	STATE & ZIP CODE:
BUSINESS OWNER NAME & ADDRESS:		CITY:	STATE & ZIP CODE:
<b>COMPUTATION OF OCCUPANCY TAX</b>		<b>COLUMN A SALES</b>	<b>COLUMN B 3% OCCUPANCY TAX</b>
1) Gross Retail Receipts (Excluding Sales Tax)	1) \$	-	
2) Add: Sales Reported from On-Line Travel Companies (OTC's/Facilitators)	2) \$	-	
3) Less: Non-occupancy Related Receipts	3) \$	-	
4) Less: Occupancy Receipts Not Subject to Sales Tax	4) \$	-	
5) Less: Occupancy Receipts After 90th Consecutive Days	5) \$	-	
6) Less: Credit on previously Charged Exempt Receipts	6) \$	-	
7) Net Retail Receipts	7) \$	-	
<b>8) OCCUPANCY TAX: Multiply Amount on Line 7 by .03 (3%)</b>			<b>8) \$</b> -
9) Penalty: ( \$10 Per Day- See Instructions)			9) \$
10) Additional Tax Due: ( 5% Per Month-See Instructions)			10) \$
<b>11) TOTAL TAX TO BE REMITTED</b>			<b>11) \$</b> -

**IF YOU HAVE HAD ANY CHANGES SINCE YOUR LAST RETURN, PLEASE COMPLETE THE FOLLOWING:**

- Final Return       Change of Ownership
- Mailing Address     Location Address
- Phone Number       Trade Number

Please cancel my account as of \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Indicate Reason: \_\_\_\_\_

If Business was sold, Date Sold \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
To Whom was business sold? \_\_\_\_\_

**CERTIFICATION**

This is to certify that this report, including all statements and schedules attached hereto, has been examined by me, and is, to the best of my knowledge, a true and complete report made in good faith covering the month named above and that same is in accordance with the record of the reporting taxpayer.

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE AND REMIT TO:**

**ORANGE COUNTY TAX OFFICE  
Attn: OCCUPANCY TAX  
PO BOX 8181  
HILLSBOROUGH, NC 27278**

THIS SPACE FOR OFFICIAL USE ONLY	
DATE RECEIVED:	REMARKS
AMOUNT REMITTED:	
RECEIVED BY:	