



# ORANGE COUNTY TRANSIENT OCCUPANCY TAX RETURN

**THIS RETURN IS DUE BY THE 15TH OF EACH MONTH  
FOR THE PRIOR MONTH'S LODGING RENTAL ACTIVITY**

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

**IF YOU OPERATE OR MANAGE MORE THAN ONE RENTAL LOCATION, YOU MUST SUBMIT A SEPARATE RETURN FOR EACH PROPERTY**

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

FOR THE MONTH OF:		SOCIAL SECURITY OR FEDERAL ID NUMBER:	
TRADE NAME UNDER WHICH BUSINESS IS OPERATED:		PHONE NUMBER:	
<b>ADDRESS OF RENTAL PROPERTY/SHORT-TERM RENTAL (STR) LOCATION FOR THIS RETURN:</b>			
STREET:		CITY:	STATE & ZIP:
<b>MAILING ADDRESS:</b>			
STREET:		CITY:	STATE & ZIP:
<b>BUSINESS OWNER NAME &amp; ADDRESS:</b>			
STREET:		CITY:	STATE & ZIP:
<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 90 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 Fine 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:**

- |  |  |
|--|--|
| <input type="checkbox"/> Final Return    | <input type="checkbox"/> Change of Ownership |
| <input type="checkbox"/> Mailing Address | <input type="checkbox"/> Location Address    |
| <input type="checkbox"/> Phone Number    | <input type="checkbox"/> 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: \_\_\_\_\_ 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:	