



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 OCCURS**

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: |
| COMPUTATION OF OCCUPANCY TAX | | COLUMN A SALES | COLUMN B 3% OCCUPANCY TAX |
| 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) \$ - | |
| 8) OCCUPANCY TAX: Multiply Amount on Line 7 by .03 (3%) | | | 8) \$ - |
| 9) Penalty: (\$10 Per Day- See Instructions) | | | 9) \$ |
| 10) Additional Fine Due: (5% Per Month-See Instructions) | | | 10) \$ |
| 11) TOTAL TAX TO BE REMITTED | | | 11) \$ - |

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: | |