

JACKSON COUNTY ROOM OCCUPANCY TAX RETURN FORM

		ACCOUNT#	
NAME OF ENTITY ADDRESS E-MAIL ADDRESS			
FOR CALENDAR MONTH:	_		
	_	6%	Total
Total Occupancy Sales Excluding T	'ax		
Collected Occupancy Tax @	6%		
Failure to File			
Failure to Pay	Tax When Due		
Number of Room Nights Available (Hotel/I			
AUTHORIZED S	SIGNATURE AND CERTI	FICATION:	
This report must be signed by the owner o corporation, by an authorized officer. I hereby certify that this return is to the best			
AUTHORIZED SIGNATURE	TITLE	DATE	
Contact Person: Name (Printed)		*	
Address:			

INSTRUCTIONS AND EXPLANATION OF PENALITIES:

Effective July 1, 2025 a six percent (6%) room occupancy tax should be collected on the gross receipts derived from the rental of any room, lodging, or similar accommodation furnished by any hotel, motel, inn, or similar place within Jackson County that is subject to the sales tax imposed by the state under the G.S. 105-164.4(3). This return is required to be filed along with applicable payment to Jackson County on or before the 20th day of the month following the month in which the occupancy tax accrues.

PENALTIES:

FAILURE TO FILE RETURN: The penalty is 5% of the amount of the tax if the failure is not more than one month, with an additional 5% for each month, or fraction thereof, during which the failure continues, not exceeding 25% in the aggregate, or \$5.00, whichever is greater.

FAILURE TO PAY TAX WHEN DUE: The penalty is 10% of the amount of the tax for failure to pay the tax when due, without intent to evade the tax, except the penalty shall in no event be less than \$5.00. (*Minimum* penalty is \$5.00.)

Any questions regarding the room occupancy tax should be directed to the County Finance Office at 828-631-2251.

REMIT FORM AND CHECK ON OR BEFORE THE 20TH OF THE MONTH TO: