

JACKSON COUNTY ROOM OCCUPANCY TAX RETURN FORM

	ACCOUNT#	
NAME OF ENTITY		
ADDRESS		_
E-MAIL ADDRESS		_
FOR CALENDAR MONTH:		_
	4%Tot	<u>al</u>
Total Occupancy Sales Excluding Tax		
Collected Occupancy Tax @ 4%		
Failure to File		
Failure to Pay Tax When Due		
TOTAL DUE: Number of Room Nights Available (Hotel/Motel Only) Number of Room Nights Rented (Hotel/Motel Only)	_	
Number of Room Nights Refited (Hotel/Moter Offly)		
AUTHORIZED SIGNATURE AND CERTIFIC	ATION:	
This report must be signed by the owner of a business; or if a partnersh corporation, by an authorized officer. I hereby certify that this return is to the best of my knowledge a true and		
AUTHORIZED SIGNATURE TITLE	DATE	
Contact Person: Name (Printed)		
		-
Address:		

INSTRUCTIONS AND EXPLANATION OF PENALITIES:

Effective January 1, 2013 a four percent **(4%)** 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: