

Room Occupancy Tax Return County of Sampson	
Filing Frequency:	MONTHLY
Period Covered:	Must be Postmarked By:
Account ID:	

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: NC
 ZIPCODE: _____

Please indicate any address changes:

Use this Return only for the Period Ending date specified above.

Signature: _____ Date: _____

I certify that, to the best of my knowledge, this return is accurate and complete.

Title: _____ Phone: () _____

MAKE CHECKS PAYABLE TO: **COUNTY OF SAMPSON** MAIL TO: **414 Warsaw Road, Clinton, NC 28328**
 MAKE A COPY FOR YOUR RECORDS

NOT A PUBLIC DOCUMENT

Computation of Occupancy Tax	SALES
1. Gross Retail Receipts: (Excluding Sales Tax)	
2. Less: Receipts After 90 th Consecutive Day	
3. Less: Non-Occupancy Related Receipts	
4. Total:	
	TAX DUE
5. Occupancy Tax (6%): (Line 4 x .06)	
6. Penalty (5%) failure to file return by 20 th : (Line 5 x .05)	
7. Penalty (10%) failure to pay tax by 20 th : (Line 5 x .10) (minimum of \$5.00)	
8. Total Tax Remitted: (Add Lines 5, 6, & 7)	

IF NO LONGER IN BUSINESS, FURNISH DATE BUSINESS CEASED TO OPERATE: _____

REASON: _____ SIGNATURE: _____

Notification of closure must be within 48 hours from the date no longer in operation. (If business re-opens, a new business application is required).

THIS SPACE FOR TAX OFFICE USE ONLY

Post Mark Date: _____ CK #: _____ \$: _____

Deposit Date: _____ Receipt #: _____ 67% _____

33% _____