



Opportunity lives here.

Hotel Occupancy Tax Tax Return Form

Account No. TXID FROM: _____ TO: _____	PLEASE ANSWER THE FOLLOWING QUESTIONS: 1. DO YOU WISH TO REMAIN IN OUR RECORDS? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. HAVE YOU QUIT BUSINESS DURING THIS PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. NAME AND ADDRESS OF NEW PROVIDER:			
FEDERAL ID #: _____ CONTACT PERSON: _____ MAIN PHONE #: _____ <input type="checkbox"/> CHECK TO INDICATE ADDRESS CHANGE OR CONTACT CHANGE & LIST BELOW _____ _____ _____ <p style="text-align: center;">RETURN TAX FORM AND PAYMENT TO: CITY OF BRIDGEPORT 515 W MAIN STREET PO BOX 1310 BRIDGEPORT, WV 26330</p>	<i>IMPOSITION AND AMOUNT OF TAX: THERE SHALL BE AND COLLECTED A TAX UPON THE OCCUPANCY OF HOTEL ROOMS WITHIN THE CORPORATE LIMITS OF THE CITY. THE RATE OF TAX IMPOSED SHALL BE SIX PERCENT (6%) OF THE CONSIDERATION PAID FOR THE USE AND OCCUPANCY OF A HOTEL ROOM. THE CONSUMER SHALL PAY TO THE HOTEL OPERATOR THE AMOUNT OF TAX IMPOSED BY THIS ARTICLE WHICH TAX SHALL BE ADDED TO AND SHALL CONSTITUTE A PART OF THE CONSIDERATION PAID FOR THE USE AND OCCUPANCY OF THE HOTEL ROOM, AND WHICH TAX SHALL BE COLLECTIBLE AS SUCH BY THE HOTEL OPERATOR WHO SHALL ACCOUNT FOR, AND REMIT TO THE TAXING AUTHORITY, ALL TAXES PAID BY CONSUMERS. THE HOTEL OPERATOR SHALL SEPARATELY STATE THE TAX AUTHORIZED BY THIS ARTICLE ON ALL BILLS, INVOICES, ACCOUNTS, BOOKS OF ACCOUNT AND RECRODS RELATING TO CONSIDERATIONS PAID FOR OCCUPANCY OR USE OF A HOTEL ROOM.</i> <i>THE TAX AUTHORIZED BY THIS ARTICLE SHALL BE DUE AND PAYABLE IN MONTHLY INSTALLMENTS ON OR BEFORE THE FIFTEENTH (15TH) DAY OF THE CALENDAR MONTH NEXT SUCCEEDING THE MONTH IN WHICH THE TAX COLLECTED BY THE HOTEL OPERATOR AT THE TIME OF SUCH SALES.</i>			
COMPLETE THIS FORM IN ITS ENTIRETY – IF YOU DO NOT HAVE REPORTABLE TAX, REPORT \$0 TO AVOID DELINQUENT STATUS.				
GROSS CHARGES	EXEMPT SALES	TAXABLE AMOUNT	TAX RATE	TOTAL REMITTANCE
			6.0 %	
<p style="text-align: center;">SIGNATURE REQUIRED</p> UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE. AUTHORIZED SIGNATURE _____ DATE _____ PHONE NUMBER: _____			FOR QUESTIONS OR COMMENTS YOU MAY CONTACT THE CITY'S TAX AND LICENSE DIVISION OF THE FINANCE DEPARTMENT AT (304) 842-8230 ~ 7:30 A.M. TO 4:00 P.M. MON – FRIDAY OR YOU CAN VISIT OUR WEBSITE AT WWW.BRIDGEPORTWV.COM.	