



ROOM RENTAL - TRANSIENT TAX RETURN

Company Name:		<b>IMPORTANT</b>  ► This return must be received <b>ON OR BEFORE</b> the last day of the month immediately following the period for which the return is filed.  ► A return must be filed even if no tax is due.  ► See page titled Room Rental-Transient Tax Information.	
Address:			
City, State, Zip:			
Phone:			
Room Rental Tax Account Number:		Tax Return for Month and Year:	

If business has been discontinued, state whether:

If business was sold, state Purchaser's name, address, phone, and date sold:

Permanently [ ] date: \_\_\_\_\_

Temporarily [ ] date: from \_\_\_\_\_ to \_\_\_\_\_

**Collections**

Total Room Rental Collected for the Month:	
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**Deductions/Exemptions**

Non-Transients (30+ consecutive days):	
Foreign Government Officials:	
Other (must attach schedule):	
Total Deductions/Exemptions:	

**Tax Computation**

Net Room Collections Subject to Tax:	
7% Tax:	

**Delinquent Payments**

	# of Months Late	
Interest @ 1% per month (round up fraction of a month):		
Penalty @ 5% per month, (round up fraction of a month), maximum 25%:		
Total Delinquent Payments:		

**Total Tax Due**

Total Tax Due:	
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Make check or money order payable to Montgomery County Maryland and mail to the above address.

I declare under penalty of perjury that this return has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

Signature

Title

Date

Print Name

Email Address