

**CITY OF SUMMERSVILLE**  
**P.O. BOX 525**  
**SUMMERSVILLE, WV 26651**

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**HOTEL/MOTEL TAX RETURN**

\_\_\_\_\_  
\_\_\_\_\_  
*SUMMERSVILLE, WV 26651*

TAX PERIOD: \_\_\_\_\_

MANAGER: \_\_\_\_\_

NUMBER OF ROOMS: \_\_\_\_\_

**COMPUTATION OF REVENUES:**

- 1. GROSS ROOM REVENUE FOR TAX PERIOD: \$ \_\_\_\_\_
- 2. AMOUNT NOT REPORTED PREVIOUSLY: \$ \_\_\_\_\_
- 3. TOTAL GROSS ROOM REVENUE: (LINE 1 PLUS LINE 2) \$ \_\_\_\_\_

**ADJUSTMENTS TO REVENUE:**

- 4. AMOUNTS BILLED TO AND PAID BY THE UNITED STATES GOVERNMENT: \$ \_\_\_\_\_
- 5. AMOUNT BILLED TO AND PAID BY THE STATE OF WV OR ANY POLITICAL SUBDIVISION: \$ \_\_\_\_\_
- 6. TOTAL ADJUSTMENTS: (TOTAL LINES 4-5) \$ \_\_\_\_\_
- 7. TOTAL TAXABLE ROOM REVENUE: (LINE 3 MINUS 6) \$ \_\_\_\_\_

**COMPUTATION OF AMOUNT OF TAX DUE:**

- 8. MULTIPLY AMOUNT ON LINE 7 BY 6% (.06) X .06  
TOTAL HOTEL/MOTEL TAX DUE: \$ \_\_\_\_\_

THE UNDERSIGNED CERTIFIES THAT THE AMOUNTS ARE TRUE AND CORRECT AND ACKNOWLEDGES THAT THE STATEMENTS ARE MADE UNDER PENALTY OF LAW.

AUTHORIZED SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_