



City of Shawnee

Monthly Hotel/Motel Occupancy Surcharge Collection Report

Taxpayer's Name _____

Taxpayer's Address _____

Hotel/Motel Address (if different) _____

Report for Month of _____, 20____

REMITTANCE OF SURCHARGE: DELINQUENT AFTER THE 20th DAY OF EACH MONTH

	<u>Column A</u>		<u>Column B</u>
1 Gross Receipts	\$ _____		
2 Total Receipts Subject to Surcharge	\$ _____	*.05 =	\$
3 Total Rooms Rented	_____		
4 Exempt Rooms Rented <i>(Supporting exemption report must be included)</i>	_____		
5 Net Taxable Rooms (Line 3 less line 4)	_____	* \$1.00 =	\$
6 Gross Surcharge Due - Greater amount of Line 2B or 5B			\$
7 Interest - 1.5% of Line 6 if paid after 20th of the Month (Interest is 1.5% per calendar month for any late or unpaid balances)			\$
8 Additional Penalty - 10% up to 30 days late, 25% over 30 days late			\$
9 Total Due to City of Shawnee (including interest & penalty if applicable)			\$

I hereby certify that the information and statements contained herein and in any schedules or exhibits are true and correct.

Send remittance to:
City Treasurer
City of Shawnee
P.O. Box 1448
Shawnee, OK 74802-1448

Signed

Title

Date