TOWN OF CLINTWOOD
TRANSIENT OCCUPANCY TAX
MONTHLY REPORTING FORM

Company Name: _____

Address: _____

City/State: _____

Reporting Month: _____

1. GROSS SALES $_____
2. LESS AUTHORIZED EXEMPTIONS _____
3. NET SALES SUBJECT TO TRANSIENT OCCUPANCY TAX (LINE 1 MINUS LINE 2) _____
4. TAXABLE RATE 7% 7%
5. TOTAL TAX DUE TO TOWN OF CLINTWOOD (LINE 3 X LINE 4) _____

I THE UNDERSIGNED REPRESENTATIVE DO HEREBY DECLARE THAT TO THE BEST OF MY KNOWLEDGE THIS IS A TRUE, CORRECT AND COMPLETED FORM.

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SIGNATURE DATE

07/2023