WESTMORELAND COUNTY HOTEL ROOM RENTAL TAX EXEMPTION STATEMENT FORM

Monthly Reporting Period: From _____ to _____

Name of Hotel Operator: _____ License Number: _____

Trade Name (if different): _____

Location of Hotel (Street Address): _____

Business Address (if different): _____

Total exempt receipts for this reporting period (Enter on Line 3 of Tax Return): $ _____

THE UNDERSIGNED CLAIMS EXEMPTION FROM THE COUNTY HOTEL ROOM RENTAL TAX FOR THE FOLLOWING EXEMPT TRANSACTIONS (attach continuation pages if needed):

A. TRANSACTIONS INVOLOVING PERMANENT RESIDENTS:

Guest Name	Beginning Date For Occupancy	Date Occupancy Ended (or list as "continuing")	Total Consideration This Reporting Period

II. TRANSACTIONS INVOLVING GOVERNMENT REPRESENTATIVES ON OFFICIAL BUSINESS:

Guest Name	Occupancy Beginning Date	Occupancy Ending Date	Government Represented	Total Consideration This Reporting Period

I certify that the information provided on this Exemption Statement has been examined by me, and is to the best of my knowledge, information and belief true, correct and complete. I understand that false statements herein are made subject to penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities, which provides that if I make knowingly false statements I may be subject to criminal penalties.

Signature: _____ Title: _____ Date: _____

Print Name: _____ Phone: _____ Fax: _____

ATTACH A COPY OF THIS FORM TO THE MONTHLY TAX RETURN FILED WITH THE WESTMORELAND COUNTY TREASURER, TWO NORTH MAIN STREET, SUITE 110, GREENSBURG PA 15601.