

**CITY OF WILLIAMSON, WEST VIRGINIA
HOTEL/MOTEL OCCUPANCY TAX RETURN**

142 East Fourth Avenue
Williamson, WV 25661
Phone: 304-235-1510 | Fax: 304-235-1516

Hotel/Motel Name: _____

For the Month Ending: _____

Occupancy Receipts: \$ _____

(Less Adjustments***): \$ _____

Total Adjusted Receipts: \$ _____

6% Of Total Adjust Receipts: \$ _____

Penalty (5%) for late payment: \$ _____

TOTAL TAX REMITTED TO CITY: \$ _____



Declaration

I do hereby declare that the statements and items (both as to designation and amounts) entered in the foregoing returns and in the supplementary statement are to the best of my knowledge and belief true and correct in each and every particular.

Name of Taxpayer Title Date

Instructions:

Please complete the above information in its entirety and return the form with accompanying check made payable to the City of Williamson to the address above.

***Please attach list of transactions including the name(s), date(s) of stay, and amount(s) that were *not* charged the Hotel/Motel Occupancy Tax during the reporting month.

If you have any questions regarding the Hotel/Motel Occupancy Tax or if you need assistance in completing your return, please contact our office at (304)-235-1510