



**CITY OF ROCKVILLE, MARYLAND  
DEPARTMENT OF FINANCE  
111 MARYLAND AVENUE  
ROCKVILLE, MARYLAND 20850  
240-314-8400**

**HOTEL RENTAL TAX REPORT**

**HOTEL NAME** \_\_\_\_\_

**IMPORTANT**

**ADDRESS** \_\_\_\_\_

This return must be filed on or before the last day of the month, immediately following the period for which the return is filed. A return must be filed even though no tax is due. See next page titled Hotel Rental Tax information.

**PHONE** \_\_\_\_\_

**I. COLLECTIONS**

1. Total Room Rental Collected for Month of \_\_\_\_\_ 20\_\_\_\_ \$ \_\_\_\_\_

2. Exemptions \$ \_\_\_\_\_  
(Exemptions are only those allowed under City Code Chapter 22 Sec. 22-84)

3. Net Room Rental Collections Subject to Tax (Line 1 Less Line 2) \$ \_\_\_\_\_

**II. TAX COMPUTATION**

4. Tax Collected and Remitted Herewith (2% of Line 3 Above) \$ \_\_\_\_\_  
If payment is delinquent (City Code Chapter 22 Sec. 22-85)  
(a) Interest @1% per month or fraction of a month \$ \_\_\_\_\_  
(b) Penalty @5% per month or fraction of a month to a maximum of 25% from due date of report. \$ \_\_\_\_\_

5. **Total Tax Due** (Including Interest and Penalty, if any) \$ \_\_\_\_\_

(Make check payable to City of Rockville, mail one copy of report with remittance to above address)

I declare under penalty of perjury, that this report has been examined by me and to the best of my knowledge and belief is true, correct and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or print name of signer

If business has been discontinued or sold, state whether:

Permanent – give date \_\_\_\_\_

Temporary – give date from \_\_\_\_\_ or \_\_\_\_\_

Sold – give effective date \_\_\_\_\_

Purchaser's Name \_\_\_\_\_ **B-1** Phone No. \_\_\_\_\_

Address \_\_\_\_\_