



Cumberland County Hotel Tax Monthly Tax Exemption Statement Form

(This form or your generated report must accompany the Monthly Hotel Tax Return)

Remit to: Cumberland County Treasurer

1 Courthouse Square, Room 201 Carlisle, PA 17013

717-240-6380

treasurer@cumberlandcountypa.gov

Name of Facility: _____

Facility Address : _____

Reporting Period Month: _____ Year: _____

Complete the following exemption reporting section. If additional space is needed, please make a copy.

| Guest Name | Date Exempt Occupancy Began | Exempt Receipt Total |
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Total exempt receipts for period: _____

Hotel operators/booking agents are required to maintain records to support and identify exemptions.
I understand that false statements made herein are subject to the penalties of 18 PA. C.S. 4904 Relating to
unsworn falsification to authorities.

Authorized Signature

Date