

# COUNTY OF FRANKLIN

215 East Nash Street  
Louisburg, NC 27549

## TRANSIENT OCCUPANCY TAX REPORT

REPORTS MUST BE RECEIVED OR U.S. POSTMARKED WITHIN 15 DAYS FROM THE  
CLOSE OF EACH MONTH. PLEASE READ CAREFULLY.

FOR THE MONTH AND YEAR OF:	SOCIAL SECURITY OR FEDERAL I.D. NO. OF BUSINESS
TRADE NAME UNDER WHICH BUSINESS IS OPERATED	BUSINESS PHONE NO.
BUSINESS STREET ADDRESS	
BUSINESS MAILING ADDRESS	
OWNER OF BUSINESS – NAME AND ADDRESS	

COMPUTATION OF OCCUPANCY TAX	SALES	OCCUPANCY TAX
1. Gross Retail Receipts (Excluding Sales Tax)	\$	
2. Less: Non-occupancy Related Receipts	\$	
3. Less: Occupancy Receipts Not Subject to Sales Tax	\$	
4. Less: Occupancy Receipts After 90 <sup>th</sup> Consecutive Day	\$	
5. Less: Credits on Previously Charged Exempt Receipts	\$	
6. <u>Net Retail Receipts (Line 1 minus lines 2 thru 5)</u>	\$	
7. OCCUPANCY TAX: Multiply Line 6 by 0.06		\$
8. ADMINISTRATIVE FEE: Multiply Line 7 by 0.03		\$
9. <u>TAX DUE: Subtract Amount on Line 8 from Line 7</u>		\$
10. Penalty Due: \$10.00 Per Day		\$
11. Additional Tax Due: 5% Per Month		\$
12. <u>TOTAL TAX TO BE REMITTED</u>		\$

**Certification:** This is to certify that this report, including all statements and schedules attached hereto, has been examined by me, and is, to the best of my knowledge and belief, a true and complete report made in good faith covering the month named above and that same is in accordance with the records of the reporting taxpayer.

Date \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_  
(please print)