

**CALVERT COUNTY GOVERNMENT
PUBLIC ACCOMMODATIONS TAX REPORT
MONTHLY REMITTANCE**

	_____ MONTH	_____ YEAR
Business Name (Hotel/Motel)	_____	
Mailing Address	_____	
	Street Address _____	
	City _____	State _____ Zip _____
Contact Person	_____	
Telephone Number	_____	
	Business	Cell
Physical Address of Hotel/Rental Property	_____	
	Street Address _____	
	City _____	State _____ Zip _____

Is this property located within the incorporated town limits of North Beach or Chesapeake Beach?
Yes _____ No _____

- | | |
|---|----------|
| 1. Gross Receipts from Transient Charges | \$ _____ |
| 2. Public Accommodations Tax Collected
(5% of Line 1) | \$ _____ |
| 3. Deduct: Administrative Costs Discount
(.5% of Line 2 only if tax report and payment in full is postmarked
on or before 21st day for the preceeding month) | \$ _____ |
| 4. Add: Interest Charge
(Late returns: 0.5% of the unpaid tax on Line 2 for each month or fraction
of a month; after the 21st day of the next month following collection) | \$ _____ |
| 5. Add: Penalty Charge
(10% of the unpaid tax on Line 2 if not paid within thirty (30)
days of payment due date) | \$ _____ |
| 6. Total Public Accommodations Tax Due | \$ _____ |

I declare under penalty of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true and complete return.

Make check or money order payable to: Calvert County Treasurer Signature _____

Position _____

Mail or Deliver Completed Form To: Calvert County Treasurer Date _____
Calvert County Government

175 Main Street, Courthouse Account 000103-01316
Prince Frederick, MD 20678

Rev. 8/16