



**Franklin County Hotel Room Tax Return**  
 Treasurer's Office  
 272 N. Second Street, Suite 300  
 Chambersburg, PA 17201  
 717-261-3120  
[treasurers@franklincountypa.gov](mailto:treasurers@franklincountypa.gov)

<b>General Information</b>	<b>Hotel Name</b>		
	<b>Hotel Address</b> <i>(physical address of hotel/bed &amp; breakfast/etc. in Franklin County)</i>		
	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Reporting Period</b>	<b>From:</b>		<b>To:</b>
<b>Taxes Collected and Remitted by the Hotel</b>	<b>Total Number of Rooms Occupied</b>		
	<b>[1] TOTAL GROSS RECEIPTS</b>		
	<b>[2] Less: Total receipts for rooms EXEMPT from tax collection for this reporting period</b>		
	<b>NET TAXABLE RECEIPTS:</b> subtract line [2] from line [1]		
	<b>[3] 5% HOTEL TAX:</b> multiply Net Taxable Receipts by .05		
	<b>Late Payment Penalty 1.5%:</b> when applicable, multiply line [3] Tax collected by .015		
	<b>TOTAL DUE FOR REPORTING PERIOD</b> Amount of your payment.		\$
<b>Taxes Collected and Remitted by a Third Party on Behalf of the Hotel</b>	<b>Name of Third Party who remitted taxes on your behalf</b>		
	<b>Total Number of Rooms Occupied</b>		
	<b>[1] TOTAL GROSS RECEIPTS</b>		
	<b>[2] Less: Total receipts for rooms EXEMPT from tax collection for this reporting period</b>		
	<b>NET TAXABLE RECEIPTS:</b> subtract line [2] from line [1]		
	<b>[3] 5% HOTEL TAX:</b> multiply Net Taxable Receipts by .05		
	<b>Late Payment Penalty 1.5%:</b> when applicable, multiply line [3] Tax collected by .015		
<b>TOTAL DUE FOR REPORTING PERIOD</b> Amount being sent by Third Party on your behalf.		\$	
<b>Certification</b>	I certify that the information contained herein is true and correct to the best of my knowledge and is a disclosure of all tax collected and incurred during the period indicated.  <b>Name of Preparer:</b> _____ <b>Title:</b> _____  <b>Signature:</b> _____		

Instructions for completion of Tax Collection Information section:

1. Enter the number of rooms occupied during the reporting period.
2. Enter the total gross receipts for room charges during the reporting period.
3. Subtract gross receipts for rooms exempt from tax collection.
4. Calculate net taxable receipts.
5. Multiply the net taxable receipts by 5%.
6. Enter the tax collected during the reporting period.
7. Enter the late payment penalty, if applicable. If for any reason the tax is not paid when due, a penalty of one and one-half (1 ½%) per centum per month shall be imposed. In addition, the County may file a lien upon the hotel in the name of the County and for the use of the County as provided by law.
8. Enter the total due for the reporting period.

**\*\* If any taxes were collected by a Third Party on behalf of your establishment, follow the above instructions in the next section. This is only for reporting purposes.**

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All new hotels are placed on a quarterly tax return filing basis. Based on the reported tax during the third quarter (July through September) the filing status for the following year is determined. If the tax reported is under \$600 the hotel will file quarterly. If the tax collected is \$600 or more, the hotel will be required to file monthly. If the tax reported for an entire year is \$75 or less, the hotel will be placed on a semi-annual filing basis.

MONTHLY RETURNS	
Due the 20 <sup>th</sup> day of the month which follows the month in which the tax was collected.	
QUARTERLY RETURNS	
Period	Due
January-March	April 20 <sup>th</sup>
April-June	July 20 <sup>th</sup>
July-September	October 20 <sup>th</sup>
October-December	January 20 <sup>th</sup>
SEMI-ANNUAL RETURNS	
Period	Due
First Six Months	August 20 <sup>th</sup>
Second Six Months	February 20 <sup>th</sup>