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 $ _____
   (**0.5%** of Line 2 only if tax report and payment in full is postmarked on or before 21st day for the preceding 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
Calvert County Government
175 Main Street, Courthouse
Prince Frederick, MD 20678

Date _____

Account 000103-01316

Official Use Only
Amount Paid
Check #
Postmark/Rcvd
Past Due
Total Due
Amount Paid
Balance Due

Rev. 8/17

For assistance with this report, please contact Finance and Budget at 410-535-1600 ext 2651.
Please retain a copy of this report for your records.