



### *LODGING TAX RETURN FORM*

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BUSINESS NAME \_\_\_\_\_

OWNER/MANAGER \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

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Time Period Reported: \_\_\_\_\_

- 1. Gross receipts from applicable room or space occupancy, excluding taxes and required fees \_\_\_\_\_
- 2. Transient guest (5 % of Line 1). Payment is due within the same time frame that State sales tax is due. \_\_\_\_\_
- 3. Penalties and interest (if applicable) \_\_\_\_\_
- 4. Total Transient Guest Tax to be paid (add Lines 2 and 3) \_\_\_\_\_

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I declare under penalty of perjury that, to the best of my knowledge and belief, the statements herein are true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please remit payment to: City of Boonville  
c/o Bookkeeper  
401 Main Street  
Boonville, MO 65233