

ROBERT G. CASSILLY
Harford County Executive

ROBERT S. MCCORD
Director of Administration



ROBERT F. SANDLASS, JR.
Treasurer

MONTHLY HARFORD COUNTY HOTEL OCCUPANCY TAX REPORT

Business (Trade) Name: _____
Property Address _____
Phone: _____ Fax: _____
Real Estate Tax Account Number: _____ - _____
Period (Month/Year): _____ Due Date: _____

Please remit to:

REVENUE COLLECTIONS
220 S. Main Street 1st Floor
Bel Air, MD 21014
Phone: (410) 638-3314
Fax: (410) 879-4883

ACH Instructions

To transmit your payment electronically, please call to request Financial Institution instructions.

IMPORTANT - This report with remittance for tax shall be received on or before the 25th day of each month, covering the amount of tax collected during the preceding calendar month or be subject to penalty and interest. *A return must be filed even if no tax is due.*

Additional information can be viewed online at: [Hotel Tax | Harford County, MD \(harfordcountymd.gov\)](http://HotelTax|HarfordCounty,MD(harfordcountymd.gov))

Note: If there is a change of ownership, a new registration form must be completed and two separate returns must be filed providing date of occurrence.

I. ROOM RENTAL DATA

- 1. Gross Room Rental Receipts (excluding all room tax) \$ _____
- 2. Less Room Rental Receipts from Exempt and/or Non-Transients (length of stay over 30 days) \$(_____)
- 3. Net Room Rental Receipts Subject to Tax (Line 1 less Line 2) \$ _____

II. TAX COMPUTATION

- 4. Tax Collected (6% of Line 3 Above) \$ _____
- 5. Plus Interest on month or fraction of month past due (Line 4 x 6% ÷ 365 x days past due) \$ _____
- 6. Plus Penalty-10% of past due tax amount \$ _____
- 7. **Total Tax Due, and remitted herewith** (Total of lines 4, 5 & 6) \$ _____

(If paying by check, please mail one copy of report with payment to above address. If paying by ACH, please email your report to HotelTax@harfordcountymd.gov).

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

Signature

Title

Date

Type or print name of authorized signer

Contact phone number

Contact e-mail address

Reserved for Revenue Collections Office
Date received: _____

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410.638.3314 | 410.879.2000 | 220 South Main Street, Bel Air, Maryland 21014 | www.harfordcountymd.gov