

# ALLEGANY COUNTY HOTEL AND MOTEL MONTHLY REPORT

**Please read instructions before preparing and submitting report.**

1. This report and remittance must be made on or before the 15th of the month, following the month the tax is billed and collected.
2. Indicate in the box below if located in corporate limits of a municipal corporation.
3. **Make checks payable to:** Allegany County Commissioners

**Mail to:** Allegany County Finance Office  
Suite 205  
701 Kelly Road  
Cumberland, Maryland 21502

Report for the month of \_\_\_\_\_

MD Tax Account Number \_\_\_\_\_

Business Name and Address \_\_\_\_\_  
\_\_\_\_\_

*If your business is located within corporate limits of a municipality, please mark the appropriate box.*

- |                                 |                                     |                                      |                                     |
|---------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Barton | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Frostburg   | <input type="checkbox"/> Lonaconing |
| <input type="checkbox"/> Luke   | <input type="checkbox"/> Midland    | <input type="checkbox"/> Westernport |                                     |

Gross Receipts From Rent Collected	Rate	Total Tax Collected	*	Total Tax Collected and Due
X	8%	X	98.5%	

\* Person collecting tax is entitled to a 1 1/2% collection fee to cover expenses of collection and remittance of tax.

However, this collection fee can not be taken if the monthly report is delinquent. If a report is delinquent, a late fee will be charged of one-half (1/2%) percent per month on the amount of tax due for each month or portion thereof from the date the tax is due.

If the tax remains delinquent and unpaid for a period of one (1) month from the date it is due and payable, there shall be added to the tax a penalty of ten (10%) percent of the amount of the tax.

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

\_\_\_\_\_  
Signature of Collector or Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**DISTRIBUTION:**  
WHITE & YELLOW-Finance Office

Taxing Authority: Article 24 Section 9-304  
Resolution 03-10