

CITY OF JOPLIN, MISSOURI
HOTEL AND MOTEL OCCUPATION LICENSE TAX REPORT

Mail to:
City of Joplin
Finance Department
602 South Main Street
Joplin, MO 64801

For Month Ended _____

Tax and Report Due and Payable
20 days After Month End

1. _____ Business Name (Name under which business is operated)	5. _____ Date of Return
2. _____ Business Address (Number, Street and Zip Code)	6. _____ State of MO Sales Tax Number
3. _____ Name of Owner of Business	7. _____ Total Numbers of Available Rooms
4. _____ Headquarters Address if different from Number 2	8. _____ Average Daily Room Occupancy for Month

Report

Total Gross Receipts from Room Charges* <small>(includes all applicable taxes)</small>	\$	_____
Tax Due at 4% of Total Gross Receipts	\$	_____
Penalty (10% first month after due date and 2% each additional month until paid)	\$	_____
Total Due (Send payment with this report)	\$	_____

Make check payable to City of Joplin

I hereby certify as provided by law that the foregoing is a true and correct statement.

DateSignature & Title

*Please attach copy of room rates in effect for reporting period