



COUNTY OF BERKS EXEMPTION CLAIM REPORT

HOTEL ID #		PERIOD	TO
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TYPES OF EXEMPTIONS:

P – Permanent Res (30+ Days)
C – Charities

G – State/Federal Government Employee
O – Other (Must provide documentation)

GUEST NAME		TYPE OF EXEMPTION	
STREET ADDRESS		OCCUPANCY START	
CITY, STATE ZIP		OCCUPANCY END	
ROOM #		CLAIM AMOUNT	

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TOTAL OF EXEMPT RECEIPTS BEING CLAIMED THIS PERIOD: \$ _____

THE UNDERSIGNED CLAIMS EXEMPTION FROM THE BERKS COUNTY HOTEL ROOM RENTAL TAX AS DEFINED BY STATUTE AND ORDINANCE.

SIGNATURE: _____ DATE: _____

**THIS STATEMENT MUST ACCOMPANY YOUR MONTHLY TAX RETURN.