

**MONTHLY TAX EXEMPTION STATEMENT**  
**LEBANON COUNTY HOTEL TAX**  
**SALLIE A. NEUIN, COUNTY TREASURER**  
**ROOM 103, 400 S. 8<sup>TH</sup> ST.**  
**LEBANON, PA 17042**  
**(717)274-2801 EXT 2229**

**REPORT COVERING MONTH \_\_\_\_\_ YEAR \_\_\_\_\_**

COMPLETE THE FOLLOWING EXEMPTION REPORTING SECTION  
 NOTE: IF ADDITIONAL SPACE IS NEEDED, PLEASE MAKE A COPY

GUEST NAME	DATE OCCUPANCY BEGAN	RECEIPT TOTAL

TOTAL RECEIPTS: FOREIGN &/OR FEDERAL EXEMPTIONS: \_\_\_\_\_

TOTAL RECEIPTS: RESIDENCY EXEMPTIONS ..... \_\_\_\_\_

TOTAL RECEIPTS: OTHER EXEMPTIONS..... \_\_\_\_\_

**TOTAL EXEMPTIONS FOR MONTH:** \_\_\_\_\_

NAME OF FACILITY \_\_\_\_\_ ID# \_\_\_\_\_

I understand that false statement made here in are subject to the penalties of 18PA.C.S.4904  
 Relating to Unsworn Falsification to Authorities.

\_\_\_\_\_  
 AUTHORIZED SIGNATURE DATE \_\_\_\_\_

Hotel operators are required to maintain records to support and identify exemptions. This form  
 must accompany the monthly hotel tax return if claiming exemptions.