

**Schedule A
County of Bucks
Report of Exempt Revenue**

Collection Period: ___/___/___ thru ___/___/___

Establishment: _____

**The Undersigned Claims Exemption from the Bucks County
Hotel Room Rental Tax As Defined by Resolution
(Note: Proof of Exemption Status Required by Resolution)**

	Guest's Name	Guest's Address	Occupancy Dates	Price Charged
1			___/___/___	
	Room Number:	Folio Number	*Reason Code:	\$
2			___/___/___	
	Room Number:	Folio Number	*Reason Code:	\$
3			___/___/___	
	Room Number:	Folio Number	*Reason Code:	\$
4			___/___/___	
	Room Number:	Folio Number	*Reason Code:	\$
5			___/___/___	
	Room Number:	Folio Number	*Reason Code:	\$
6			___/___/___	
	Room Number:	Folio Number	*Reason Code:	\$
7			___/___/___	
	Room Number:	Folio Number	*Reason Code:	\$
8			___/___/___	
	Room Number:	Folio Number	*Reason Code:	\$
9			___/___/___	
	Room Number:	Folio Number	*Reason Code:	\$
10			___/___/___	
	Room Number:	Folio Number	*Reason Code:	\$

- *Reason Code:
- P...Permanent Resident
 - F...Federal Government Official - Business Only
 - S...PA State Government Official - Business Only
 - B...Bucks County Government Official - Business Only
 - O...Other

Total Exemption: \$

County of Bucks
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