



City of Annapolis
Finance Office
 160 Duke of Gloucester Street
 Annapolis, MD 21401-2517

Finance@annapolis.gov • 410-263-7952 • Utilities 410-263-7953 • Fax 410-263-7529 • TDD use MD Relay or 711 • www.annapolis.gov

Hotel, Motel and Bed & Breakfast Tax Return Form

Please read instructions before preparing and submitting. Make checks payable to **City of Annapolis** and mail to address above.

1. This return must be filed by the **25th of the month following** the month the tax is billed and collected.
2. Type or print. Fill in all blanks; if no information is applicable, write "None". **A return must be filed even if no tax is due.**
3. Business information (please submit changes on the Information Form below):

Return for the month of _____, _____
 Tax account no. _____
 Business name _____
 Contact _____
 Address _____
 City _____ ST _____ Zip _____

4. If business has been discontinued, state whether:

Permanently Date _____
 Temporarily Date from _____ to _____

State reason _____

5. If business was sold, state:

Date _____
 To _____
 Address _____
 City _____ ST _____ Zip _____

**** Reporting Data ****

Gross receipts from rent collected	Less approved gov't exemption (-)	Net receipts from rent collected	Rate	Total tax collected and due
			7%	

Plus late fees if applicable: Penalty – 10% plus Interest at 5% per month:

Penalty _____ Interest _____ Total _____ Grand Total _____

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

Title (Owner, President, Partner or Authorized representative) _____

Signature _____ Date _____

FOR CITY USE ONLY

Cashier: indicate postmark date mailed _____ Credit acct 110-33800-3384 (01038-419010)