



# New Hanover County Room Occupancy Tax Report

230 Government Center Drive, Suite 190  
Wilmington, NC 28403  
910-798-7113  
Website: www.nhcgov.com

For the month of:

\_\_\_\_\_, 20\_\_\_\_  
(Month that the tax was collected)

Room Occupancy Tax Account # (s) \_\_\_\_\_

Name of Firm/Owner \_\_\_\_\_

Name of Mgmt. Firm \_\_\_\_\_

Doing business as: \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Property Location(s): \_\_\_\_\_

(If additional space is needed, attach list. This information is extremely important in order to distribute funds properly)

GROSS RECEIPTS:		Tax Calculation:		Amount
City of Wilmington	_____	1. Total Gross Receipts		\$ _____
Carolina Beach	_____	2. Occupancy Tax (Line 1 x 6%)		\$ _____
Kure Beach	_____	3. Late Penalty (After 20th, Line 2 x 5% per mo. - min \$5.00)		\$ _____
Wrightsville Beach	_____	4. Late Payment Penalty (After 20th, Line 2 x 10% - min \$5.00)		\$ _____
Convention Center District	_____	5. Total Remitted (Add lines 2, 3 & 4)		\$ _____
New Hanover County (unincorporated area)	_____			
<b>TOTAL-</b> (Enter amount on line 1 of tax calculations.)	_____			

Number of hotel/motel rooms and condo/cottage units available for rent on the first (1st) of the month \_\_\_\_\_.

Check the category of your rental(s): Hotel \_\_\_\_\_; Motel: \_\_\_\_\_; Cottage \_\_\_\_\_; Condo \_\_\_\_\_; Other \_\_\_\_\_:

If income was zero(\$0.00) during reporting period, check here: \_\_\_\_\_

If business is closed for the season, provide the following:  
 Date Closed: \_\_\_\_\_  
 Reopen Date: \_\_\_\_\_

If business is closed PERMANENTLY, enter the date the business ceased to operate: \_\_\_\_\_

If business is sold: Close Date: \_\_\_\_\_ New Owner: \_\_\_\_\_

CERTIFICATE OF TAXPAYER: This is to certify that this report, including all attachments, has been examined by me and is, to the best of my knowledge and belief, a true and complete report made in good faith covering the month indicated above, and that same is in accordance with the books and records of the reporting taxpayer.

Taxpayer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Taxpayer Name Printed \_\_\_\_\_ Phone Number \_\_\_\_\_

Make check payable and mail to:  
**New Hanover County**  
**Tax Collector's Office**  
**P.O. Box 18000**  
**Wilmington, NC 28406**

OFFICE USE	
PM _____	DD _____
CK# _____	\$ _____
BK _____	
OP(+) _____	UP (-) _____