



CITY OF PARKVILLE • 8880 Clark Avenue • Parkville, MO 64152 • (816) 741-7676 • FAX (816) 741-0013

CITY OF PARKVILLE GUEST ROOM TAX FORM

Reporting for Dates:

to

Business Name:

Business Address:

Mailing Address (if different):

Gross Receipts for Sleeping Rooms for Month:

Less Non Transient Customers (29 days or more)

Lodging Tax Gross Receipts:

Lodging Tax Rate:

X 5%

Lodging Tax Due:

Due Dates:

March, June, September, December tax months are due the last day of the following month.

January, February, April, May, July, August, October, November are due 20th of the following month.

I hereby certify that the figures on this return and/or accompanying schedules and statements, to the best of my knowledge and belief, are true, correct, and complete.

Signature

Date

Print Name and Title

City Use Only:

Fee (62.0000): \$ _____

Date paid: _____

By: ____ Cash Check # _____

Payment made by: _____

____ MO Credit Card _____

Received by: _____