



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

CITY OF PARKVILLE
GUEST ROOM TAX FORM

Report Month/Year:

[Empty box for Report Month/Year]

Business Name: _____

Business Address: _____

Mailing Address: _____

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 _____