

**CITY OF BLUEFIELD**  
**TREASURY DEPARTMENT**  
**200 ROGERS STREET - BLUEFIELD, WV 24701**  
**(304) 327-2401 ext. 2417**

**Hotel/Motel Occupancy Tax Return**  
Bluefield City Code - Chapter 38, Article IV

This return is for the month ending \_\_\_\_\_  
Date

\_\_\_\_ Check if new address    \_\_\_\_ Check if no longer in business

<b><u>This Tax Return is For</u></b>
Business Name: _____
Mailing Address: _____ _____

This return and the tax due, must be received by the City Treasurer in the Municipal Building on or before fifteen days from the end of the month in which it was collected.

- |    |  |       |
|----|--|-------|
| 1. | Total Occupancy Receipts                             | _____ |
| 2. | Less Exemptions (Federal, State & Local Governments) | _____ |
| 3. | Taxable Occupancy Receipts (line 1 minus line 2)     | _____ |
| 4. | Tax Due (multiply line 3 by 6%)                      | _____ |
| 5. | Penalty & Interest                                   | _____ |
| 6. | Total Amount Paid                                    | _____ |

Please complete this form in its entirety and return the form with your check made payable to the City of Bluefield to the address listed above. A penalty of \$25 will be added for failure to file a return within 15 days from the end of the month in which the tax was collected. An additional penalty of 5% of the amount of tax owed shall be added for any delinquency beyond 30 days.

I hereby certify that the above return is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date