



TEMPORARY

Use in lieu of preprinted coupon booklet

PERMIT NO. _____

HOM

Name _____
Address _____
City _____ State _____ Zip Code _____

FEDERAL IDENTIFICATION NO. _____

I HEREBY CERTIFY THAT THIS RETURN TO THE BEST OF MY KNOWLEDGE
AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE OF OWNER, PARTNER, OR AUTHORIZED AGENT _____

RETURN FOR MONTH OF _____

1. TOTAL OCCUPANCY
CONSIDERATION

2. LESS EXEMPT ENTITIES

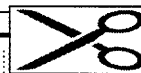
3. TAXABLE AMOUNT

4. TOTAL TAX DUE AND PAID
(LINE 3 MULTIPLIED BY 5%)

TITLE _____

DATE _____

FORM HTM REV 11/97



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INSTRUCTIONS

- 1 LINE 1 = GROSS CONSIDERATION FOR ALL OCCUPANCY FOR THE REPORTING PERIOD ABOVE.
- 2 LINE 2 = ALLOWABLE DEDUCTIONS
- 3 LINE 3 = LINE 1 MINUS LINE 2.
- 4 LINE 4 = LINE 3 MULTIPLIED BY THE TAX RATE (5%).

MAKE CHECKS PAYABLE TO: RI DIVISION OF TAXATION

MAIL TO:

RI DIVISION OF TAXATION
ONE CAPITOL HILL STE 5
PROVIDENCE RI 02908-5804

The tax is due on or before the 20th of the month following the month for which the return is required.

A "HOTEL" means a facility offering a minimum of three (3) rooms in which the public may obtain transient lodging accommodations and includes hotels, motels, tourist homes, tourist camps, lodging houses and inns but not schools, nursing homes, hospitals, sanitariums or chronic care facilities.

"Exempt Entities" are room rentals billed to and paid for by Federal and RI governmental agencies and non-profit organizations that hold a RI Sales and Use tax exemption certificate.

All pertinent parts of Chapters 44-18 and 44-19, Rhode Island General Laws (Sales and Use Tax) apply to the Hotel Tax.