

TOWN OF TOPSAIL BEACH
 820 S. ANDERSON BLVD.
 TOPSAIL BEACH, NC 28445

**ROOM OCCUPANCY
 TAX RETURN**

(Instructions On Reverse Side)

For the Month, _____ 20__
 (To be filed within 15 days from close of each month)

 TRADE NAME/AGENCY

 NAME OF OWNER

MAILING ADDRESS CITY STATE ZIP

RENTAL LOCATION ADDRESS CITY STATE ZIP

If no income during this reporting period, check here __ _

Final seasonal report? Indicate re-opening date _____

No longer in business? Date ceased operations _____

1	Rental receipts subject to tax	\$. .
2	Pender County Tax (line 1 x 3%)	\$. .
3	Topsail Beach Tax (line 1 x 3%)	\$. .
4	Penalties'	\$. .
5	Total amount due (add lines 2, 3, 4, and 5)	\$. .

' Penalties will be computed by collecting agency governed by applicable General Statute.

Certification: 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 the same is in accordance with the books and records of the reporting taxpayer.

 Date

 Signature