

# EMERY COUNTY

## Transient Room Tax QUARTERLY Return



Property Name & Address

Property I.D.

Quarter Ending Date

**DUE ON OR BEFORE:**

### QUARTERLY REPORTING

First Reporting Month Taxable Sales	_____	(1a)
Second Reporting Month Taxable Sales	_____	(1b)
Third Reporting Month Taxable Sales	_____	(1c)
TOTAL TAXABLE LODGING SALES FOR QUARTER	_____	(1d)

**TOTAL TRANSIENT ROOM TAX LIABILITY FOR REPORTING QUARTER**

Total Quarter Transient Room Tax Liability \_\_\_\_\_ (2)  
(line 1d multiplied by 4.25% or .0425) **TOTAL DUE**

**THIS RETURN MUST BE FILED EVEN THOUGH NO TAX IS DUE**

Under penalties of perjury, I declare that I have examined this form, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign**

**Here** \_\_\_\_\_

Your Signature

\_\_\_\_\_ Date

Make checks payable to **EMERY COUNTY**. Please remit form with payment. Make a copy for your records. FORM AND REMITTANCE DUE NOT LATER THAN 30 DAYS FROM END OF QUARTER.

This form, process, and entity to which it applies are subject to County audit by the office of the County Auditor or its agent.

PO BOX 1035 ◆ Castle Dale , Utah 84513 ◆ (435) 381-5106

**EMERY COUNTY**  
Transient Room Tax MONTHLY Return



Property Name & Address

Property I.D.

Month Ending Date

DUE ON OR BEFORE:

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**MONTHLY REPORTING**

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Total Taxable Lodging Sales for Month \_\_\_\_\_ (1)

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TOTAL TRANSIENT ROOM TAX LIABILITY FOR REPORTING QUARTER

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Total Month Transient Room Tax Liability \_\_\_\_\_ (2)  
(line 1 multiplied by 4.25% or .0425) TOTAL DUE

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**THIS RETURN MUST BE FILED EVEN THOUGH NO TAX IS DUE**

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Under penalties of perjury, I declare that I have examined this form, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign**

**Here** \_\_\_\_\_

Your Signature

\_\_\_\_\_ Date

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Make checks payable to **EMERY COUNTY**. Please remit form with payment.  
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THAN 30 DAYS FROM END OF MONTH.

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