



COUNTY OF BERKS EXEMPTION CLAIM REPORT

HOTEL ID #		PERIOD	TO
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TYPES OF EXEMPTIONS:

P - Permanent Res (30+ Days)
C - Charities

G - State/Federal Government Employee
CF - Cancellation Fees

GUEST NAME		TYPE OF EXEMPTION	
STREET ADDRESS		OCCUPANCY START	
CITY, STATE ZIP		OCCUPANCY END	
ROOM #		CLAIM AMOUNT	

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TOTAL OF EXEMPT RECEIPTS BEING CLAIMED THIS PERIOD: \$ _____

THE UNDERSIGNED CLAIMS EXEMPTION FROM THE BERKS COUNTY HOTEL ROOM RENTAL TAX AS DEFINED BY STATUTE AND ORDINANCE.

SIGNATURE _____ DATE _____

** THIS STATEMENT MUST ACCOMPANY YOUR MONTHLY TAX RETURN.