

**CITY OF WESTOVER  
HOTEL/MOTEL OCCUPANCY TAX RETURN**

MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

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HOTEL/MOTEL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MANAGER: \_\_\_\_\_ NUMBER OF ROOMS: \_\_\_\_\_

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COMPUTATION OF REVENUES

- |  |          |
|--|----------|
| 1. Gross Room Revenue for period.                              | \$ _____ |
| 2. Amount from credit sales not reported in previous period(s) | \$ _____ |
| 3. Gross room revenue (line 1 plus line 2)                     | \$ _____ |
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ADJUSTMENTS TO GROSS ROOM REVENUE

- |  |          |
|--|----------|
| 4. Amount paid by Federal Government.      | \$ _____ |
| 5. Amount paid by State of West Virginia.  | \$ _____ |
| 6. Total adjustments (total lines 4 and 5) | \$ _____ |
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TAXABLE ROOM REVENUE (line 3 minus line 6) \$ \_\_\_\_\_

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TOTAL TAX DUE (multiply TAXABLE ROOM REVENUE by 6%) \$ \_\_\_\_\_

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*Pursuant to West Virginia Code §7-18-10, the above TOTAL TAX DUE is payable on or before the fifteenth day of the calendar month next succeeding the month in which the tax accrued.*

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The undersigned certifies that the above amounts are true and correct and acknowledges that the statements are made under penalty of law.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Mail to: City of Westover, 500 Dupont Road, Westover, WV 26501  
Send Self-Addressed Stamped Envelope for Return Receipt**