



**BALTIMORE COUNTY MARYLAND**

Office of Budget and Finance  
400 Washington Avenue, Room 150  
Towson, Maryland 21204-4665  
(410) 887-2404

Make Checks Payable to: Baltimore County, Maryland  
**Transient Occupancy Tax Quarterly Return**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

	_____ Month	_____ Month	_____ Month
1. Gross Occupancy Tax Collected	\$ _____	\$ _____	\$ _____
<b>2. Exemptions</b>			
a) Room Rental Collections from Non-Transients (Accommodations for more than 90 days)	\$ _____	\$ _____	\$ _____
b) Federal, State or County official or employee when on official business	\$ _____	\$ _____	\$ _____
c) Total Exemptions (Add a and b)	\$ _____	\$ _____	\$ _____
3. Enter total from line c and subtract from line 1	\$ _____	\$ _____	\$ _____
4. Net Occupancy Tax Collections	\$ _____	\$ _____	\$ _____

**Transient Occupancy Tax Remitted**

5. Tax Collected (Line 4 X 9.5%)	\$ _____	\$ _____	\$ _____
a) Interest: Add 1% of line 5 for each month return is late.	\$ _____	\$ _____	\$ _____
b) Penalty: Add 10% of Line 5 to be added after one month from Due Date	\$ _____	\$ _____	\$ _____
6. Total Amount of Taxes and Interest/Penalties Due (Add line 5, a and b)	\$ _____	\$ _____	\$ _____

**Quarterly Tax Amount Remitted**    \$ \_\_\_\_\_

**I Declare under penalty of perjury that this return  
has been examined by me and to the best of my  
knowledge and belief is a true, correct and complete return.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date