State Form 57894
(9-25)

Harrison County Innkeepers Tax Return

(This form may only be used for Innkeepers taxes collected in Harrison County)

To be filed with County Treasurer's Office

☐ Amended Return

Federal Tax ID	State Tax ID	Period End Date	Due on or before the 20th day following the month collected.	
Entity Name			County Code	
Street	City		State	ZIP Code
Location Name	Enter Address if Different From Above			

Authorized Signature

_____

I declare under penalties of perjury that this is a true, correct and complete return.

Date: _____

Phone Number: _____

Printed Name of Person Signing This Return

_____

Title: _____

Total Receipts from Rental of Accommodations	**A.**	_____
Total Exempt Rentals of Accommodations	**B.**	_____
Net Taxable Receipts (Subtract Line B from Line A)	**C.**	_____
County Innkeepers Tax Due (Line C X Rate)	**D.**	_____
Collection Allowance (0.00%) Do Not Use this Line if the Payment is Late	**E.**	0.00
Net Tax Due (Subtract Line E from Line D)	**F.**	_____
Penalty is Greater of $5 or 10% of Line D (Plus Interest) Use this line only if return is filed late	**G.**	_____
Adjustments − If this is a negative entry, use a negative sign. (you must attach an explanation)	**H.**	_____
Amount Due (Total Lines F and G plus or minus H)	**I.**	_____

For annual interest rate see Department of Revenue Departmental Notice #3.

Important: This form must be filed even though no tax is due.

Please file and remit payment to:

For Official Use Only