

**TOWN OF TOPSAIL BEACH**  
 820 S. ANDERSON BLVD.  
 TOPSAIL BEACH, NC 28445

**ROOM OCCUPANCY  
 TAX RETURN**

(Instructions On Reverse Side)

For the Month, \_\_\_\_\_ 20\_\_  
 (To be filed within 15 days from close of each month)

\_\_\_\_\_  
 TRADE NAME/AGENCY

\_\_\_\_\_  
 NAME OF OWNER

MAILING ADDRESS                      CITY                      STATE                      ZIP

RENTAL LOCATION ADDRESS      CITY                      STATE                      ZIP

If no income during this reporting period, check here \_\_ \_

Final seasonal report? Indicate re-opening date \_\_\_\_\_

No longer in business? Date ceased operations \_\_\_\_\_

1	Rental receipts subject to tax	\$ . .
2	Pender County Tax (line 1 x 3%)	\$ . .
3	Topsail Beach Tax (line 1 x 3%)	\$ . .
4	Penalties'	\$ . .
5	Total amount due (add lines 2, 3, 4, and 5)	\$ . .

' Penalties will be computed by collecting agency governed by applicable General Statute.

Certification: This is to certify that this report, including all attachments, has been examined by me, and is, to the best of my knowledge and belief, a true and complete report made in good faith covering the month indicated above and the same is in accordance with the books and records of the reporting taxpayer.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature