

**Schedule A
COUNTY OF CHESTER
REPORT OF EXEMPT REVENUE**

COLLECTION PERIOD : ____/____/____

THROUGH : ____/____/____

ESTABLISHMENT: _____

THE UNDERSIGNED CLAIMS EXEMPTION FROM THE CHESTER COUNTY
HOTEL ROOM RENTAL TAX AS DEFINED BY STATUTE AND ORDINANCE.
NOTE: PROOF OF EXEMPTION STATUS REQUIRED BY ORDINANCE

GUEST'S NAME		GUEST'S ADDRESS		OCCUPANCY DATES	PRICE CHARGED
1				/ /	
				/ /	
	ROOM NUMBER	FOLIO NUMBER		Reason Code (see legend)	\$ -
2				/ /	
				/ /	
	ROOM NUMBER	FOLIO NUMBER		Reason Code (see legend)	\$ -
3				/ /	
				/ /	
	ROOM NUMBER	FOLIO NUMBER		Reason Code (see legend)	\$ -
4				/ /	
				/ /	
	ROOM NUMBER	FOLIO NUMBER		Reason Code (see legend)	\$ -
5				/ /	
				/ /	
	ROOM NUMBER	FOLIO NUMBER		Reason Code (see legend)	\$ -
6				/ /	
				/ /	
	ROOM NUMBER	FOLIO NUMBER		Reason Code (see legend)	\$ -
7				/ /	
				/ /	
	ROOM NUMBER	FOLIO NUMBER		Reason Code (see legend)	\$ -
8				/ /	
				/ /	
	ROOM NUMBER	FOLIO NUMBER		Reason Code (see legend)	\$ -
9				/ /	
				/ /	
	ROOM NUMBER	FOLIO NUMBER		Reason Code (see legend)	\$ -
10				/ /	
				/ /	
	ROOM NUMBER	FOLIO NUMBER		Reason Code (see legend)	\$ -
11				/ /	
				/ /	
	ROOM NUMBER	FOLIO NUMBER		Reason Code (see legend)	\$ -
12				/ /	
				/ /	
	ROOM NUMBER	FOLIO NUMBER		Reason Code (see legend)	\$ -

LEGEND: P.....PERMANENT RESIDENT S.....PA STATE GOVERNMENT OFFICIAL BUSINESS ONLY
F.....FEDERAL GOVERNMENT OFFICIAL BUSINESS ONLY

Total Exemptions: \$	-
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IMPORTANT: THIS REPORT MUST ACCOMPANY YOUR MONTHLY TAX RETURN

County Of Chester, Office Of The Treasurer
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