

**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

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