



City of Dover, Delaware

Lodging Tax Payment Voucher

All Operators of Hotels, Motels and Tourist Homes within Dover corporate limits must complete this voucher and remit monthly lodging tax collections by the 20th day of the following month. Electronic submission is preferred, but hard copy submissions and check payments may be addressed to the City of Dover, Attn: Lodging Tax Program/Finance Office, P.O. Box 475, Dover, DE 19901.

Name of Establishment:

Name of Operator:

Street Address (Operating Location):

Suite / Unit:

Zip Code:

Phone:

Email Address:

Tax Parcel:

Customer ID:

Taxable Basis (Total Rent):

Collected in Month:

Year:

If submitting electronically, select month and year from drop-down

Total Rent \times Tax Rate of 1.5% (0.015) = Lodging Tax Collections Due:

If submitting electronically, amount due will auto-calculate

Total count of rooms sold:

Occupancy Rate (%):

PLEASE BE SURE TO REMIT COPIES OF YOUR STATE OF DELAWARE LODGING TAX RETURN TO THE CITY

Payment Method (Select Only One)

☐ Electronic Payment (eCheck, Debit or Credit Card)

I understand that I am required to submit this form electronically and follow the prompts to make my payment electronically via eCheck, debit or credit card. I understand that failure to remit the payment by the due date will result in penalties and fines. If my electronic payment fails to process for whatever reason, I understand I must print and mail this voucher along with my payment to the address provided above.

☐ Check

Check Number:

I understand that I must print and mail this voucher along with my payment to the address above postmarked by the due date.

I declare under penalties of perjury that this is a true, correct and complete voucher. I agree to remit the Lodging Tax collections and other required materials to the City of Dover pursuant to the Lodging Tax Policy and Code of Ordinances 102-190 (the "Ordinance") on or before the due date. I understand that failure to comply with the Ordinance may result in fines and other penalties, including remedies put forth in section 1-13 of the Dover Code of Ordinances. I understand that the Ordinance is available at the City of Dover offices and www.cityofdover.com.

Signature:

Printed Name:

Date: