

SECTION I

To be completed by applicant:

NAME:			SOCIAL SECURITY NUMBER:
SPOUSE'S NAME:			SOCIAL SECURITY NUMBER:
BUSINESS/COMPANY NAME:			FEIN:
MAILING ADDRESS:			PHONE:
CITY OR TOWN:	STATE:	ZIP CODE:	EMAIL:

Check all that apply. *Amnesty will only apply to taxes due prior to March 20, 2020 through June 30, 2020. Each self-reporting tax must be filed and submitted prior to approval.

Admission Tax (complete Section II)	Acct #:	
Lodging Tax (complete Section III)	Acct #:	
Meals Tax (complete Section IV)	Acct #:	

SECTION II (ADMISSION TAX AMNESTY)					
Month/Year	Filed	Unfiled	Total Amount Due	Tax Amount Due	Coll. Fees
*Use separate sheet if needed			Amnesty Amount Due		
**Collection Fees for Office Use Only					

Check if requesting payment plan (available only if **tax** amount due is \$500 or more)



SECTION III (LODGING TAX AMNESTY)

Office Use**

Month/Year	Filed	Unfiled	Total Amount Due	Tax Amount Due	Coll. Fees
*Use separate sheet if needed **Collection Fees for Office Use Only		Amnesty Amount Due			

Check if requesting payment plan (available only if **tax** amount due is \$500 or more)

SECTION IV (MEALS TAX AMNESTY)					
Month/Year	Filed	Unfiled	Total Amount Due	Tax Amount Due	Coll. Fees
*Use separate sheet if needed **Collection Fees for Office Use Only			Tax Amount Due		
Check if requesting payment plan (available only if tax amount due is \$500 or more)					•

By signing below, I certify all information above is accurate, true and complete. By signing below, I certify that I am not the subject of an investigation or prosecution by any federal, state or local government for filing a fraudulent return or failure to report on any taxes. Furthermore, I understand that any person, individual, corporation, estate, trust, or partnership for which civil action has been filed in a court of competent jurisdiction to enforce or collect a delinquent tax before the end of eligibility period that does not pay the full amount of delinquent tax, attorney's fees and any other applicable charges owed on or before the last day of the tax amnesty period (June 30, 2020) may be determined ineligible for future amnesty as well as account returned to collections attorney/agency to continue normal collection efforts. By signing below I (check one which applies)

- Agree to payment plan of no more than 6 months
- Agree to pay in full on or before June 30, 2020

Printed Name

Signature

Date



SECTION II (ADMISSION, MEALS, AND LODGING TAX AMNESTY con't)					Office Use
Month/Year	Filed	Unfiled	Total Amount Due	Tax Amount Due	Coll. Fees