



Edward P. Mangano
County Executive

Beaumont Jefferson
County Treasurer

SCHEDULE E (Income from Exempted Rentals)

Business/Owner Name: _____

Rolando Fernando
Deputy County Treasurer

Total Exempt Income: \$ _____

Tax Quarter (check one): ☐ 1/1-3/31 (due 5/1) ☐ 4/1-6/30 (due 8/1) ☐ 7/1-9/30 (due 11/1) ☐ 10/1-12/31 (due 2/1)

1. Total Income from **Permanent Residents** (occupying for 30 days or more consecutively) \$ _____
Below, breakdown all exempt Income from rooms occupied by permanent residents

Date	Guest Name	Organization/ Company	No. of Rooms	Rate/ room/day	Total no of days rented	Total dollars exempt	ST 190 Submitted Y/N

[PLEASE MAKE ADDITIONAL COPIES IF YOU NEED ADDITIONAL SPACE FOR THE TABLE]

Continuation of Schedule E

2. Income from occupants of Exempt Organizations \$ _____

Tax Year: _____

Tax Quarter (check one): ☐ 1/1-3/31 (due 5/1) ☐ 4/1-6/30 (due 8/1) ☐ 7/1-9/30 (due 11/1) ☐ 10/1-12/31 (due 2/1)

*Reason Exempt Codes: (note complimentary stays/rooms are subject to the tax)
G - Government Employee **N - Non-Profit Organization** **O - Other (must specify & attach explanation)**

Date	Guest Name	Organization/ Company	Reason Exempt*	No. of Rooms	Rate/ room/ day	Total no of days rented	Total dollars exempt	ST 190 Submitted Y/N

CERTIFICATION OF TAXPAYER: Under penalties of perjury, I declare that I have examined this schedule and documentation, and to the best of my knowledge, it is true, correct and complete.

Name: _____ Signature: _____
Date: _____ Title: _____