Edward P. Mangano Beaumont Jefferson

County Executive County Treasurer

**SCHEDULE E (Income from Exempted Rentals)** Rolando Fernando

Business/Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 | Arrival date | Departure date | Daily rate | Total Number of days rented | Amount paid |
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(Page 2 of Schedule E)

**Continuation of Schedule E**

1. 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 | |
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| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |

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