



# Accommodation Tax Application

Property Owner or Entity Name\*

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Mailing Address\*

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Phone Number\*

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Email Address\*

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Collections of Rent By: \*

- Owner  Realtor  Other

Name/Address of Collection Agent\*

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Rental Property Name if Available\*

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Rental Property Address\*

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Real Estate Property Tax Account Number\*

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Number of Units\*

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Start date for rentals\*

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Within Incorporated Town \*

- No  Yes

If "Yes" Please Specify\*

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Type of Rental\*

*Check all that apply*

- Condominium  
 Cottage  
 Hotel/Motel  
 House

Owners' Signature

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Date

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Room tax not applicable if rented to same individual for 30 consec days.

Rental of hotel or motel rooms, condominiums, cottages, bed & breakfasts, and any other sleeping accommodations are subject to an 8% accommodation tax.

Billings will be the first of month via your email.

\*All fields are required. Failure to provide all information will result in delay.



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## Form Instructions

Please complete and return via fax to 301-334-1985 or email to [lpaugh@garrettcounty.org](mailto:lpaugh@garrettcounty.org). If any assistance is needed to complete this form please contact Lori at 301-334-1967.

All information needs to be completed in its entirety. A current and accurate 911 address is extremely important for our reference. Be sure that you include a good daytime telephone number and if necessary a contact person who can be contacted with any questions.

All collections are done monthly and each monthly report is emailed at the beginning of the following month. Each report is due in our office on the due date. Interest and penalties will be added to past due accounts. Also on any delinquent accounts the Garrett County Licensing and Enforcement Office will be notified on a monthly basis.