

**VILLAGE OF CLOUDCROFT  
P.O. BOX 317**

**CLOUDCROFT, NM 88317**

**(575) 682-2411**

**LODGER'S TAX REPORTING FORM**

**Village Code Title 3, Chapter 4**

(Please Type or Print Information)

CURRENT DATE \_\_\_\_\_ REPORT FOR MONTH OF \_\_\_\_\_, 20\_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

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GROSS TAXABLE RENT FOR LOGDING: \$ \_\_\_\_\_

LODGERS TAX REMITTED (5% OF RECEIPTS) \$ \_\_\_\_\_

TOTAL RENTAL UNITS IN FACILITY: \_\_\_\_\_

NUMBER OF UNITS AVAIL IN MONTH: \_\_\_\_\_

NUMBER OF TIMES UNITS WERE RENTED \_\_\_\_\_

IF NOT RETURNED WITH THE REMITTANCE ON OR BEFORE THE 25<sup>TH</sup> DAY OF THE MONTH SUCCEEDING THE MONTH REPORTED YOU SHALL:

ADD PENALTY OF 10% OR \$100.00 WHICHEVER IS GREATER: \$ \_\_\_\_\_

ADD INTEREST OF ONE PERCENT PER MONTH

(1%) ON THE TOTAL AMOUNT DUE: \$ \_\_\_\_\_

TOTAL PAID: \$ \_\_\_\_\_

I certify that the above report is a true and correct statement of receipts subject to the Village of Cloudcroft Lodgers Tax Code Title 3, Chapter 4.

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

(This form must be signed and must accompany remittance)