

Town of Medicine Park

154 East Lake Drive, PO Box 231, Medicine Park, OK 73557
(580) 529-2825 Fax (580) 529-3110

Lodging Tax Return

Month & Year: _____

Sales Tax Exemption Schedule	
2a. Receipts from Town Residents	_____
2b. Receipts from US Government/Agencies	+ _____
2c. Receipts from State Government/Agencies	+ _____
2d. Receipts from Other Legal Exemptions	+ _____
2. Total Receipts from Exemptions	= _____

1. Total Rental Receipts		_____
2. Total Exemptions	-	_____
3. Net Taxable Receipts	=	_____
4. Tax Due (7.5% of Net Taxable Receipts)	=	_____
5. 2% Interest (if paid after 20th)	+	_____
6. \$15 Penalty (if paid after 20th)	+	_____
7. Payment adjustment from prior months	+/-	_____
8. Total Due	=	_____

Business Name: _____

Contact Name: _____

Contact Phone or Email: _____

Mailing Address (if changed): _____

Signature

Date

The information contained in this return is true and correct to the best of my knowledge.

Returns and payments can be addressed to Town of Medicine Park, PO Box 231, Medicine Park, OK, 73557, delivered in person to Town Hall, or (return only) emailed to treasurer@medicinepark.com.

Debit/credit payments can be made by in person or by phone, but are subject to additional processing fees.

If you have any questions, please contact Town Hall.