



**RETURN FOR LEVY**

**ACCOMMODATION ESTABLISHMENT**

**Establishment Name:** \_\_\_\_\_

**Type:** \_\_\_\_\_

**Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Filled By:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

| SOURCE DESCRIPTION | LEVY FOR THE PERIOD ENDED | TOTAL LEVY COLLECTED | UNPAID BALANCE          |
|--------------------|---------------------------|----------------------|-------------------------|
| Name of Business   | ____/____/____            | M _____              | M _____                 |
|                    | No. of Rooms Occupied     | Method of Payment    |                         |
|                    | _____                     | Cash ____            | Cheque ____<br>EFT ____ |

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_