Lodging Tax Recipient Reporting Form

ESHB 1253, enacted in the 2013 session of the Washington State Legislature, establishes requirements for reporting information on the use of lodging tax revenues. Mason County is required to submit the following information about your event to the Joint Legislative Audit and Review Committee each year.

Total amount spent on the event/activity $ ________________________________

Total amount of lodging tax funds expended $ ________________________________

The number of participants who attended the event/activity in each of the following categories:

1. Staying overnight in paid accommodations away from their place of residence or business:

   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

2. Staying overnight in unpaid accommodations (e.g., with friends and family) and traveling fifty miles or more one way from their place of residence or business:

   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

3. Staying for the day only and traveling more than fifty miles one way from their place of residence or business:

   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
4. Attending but not included in one of the three categories above:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. The estimated number of participants in any of the above categories that attended from out-of-state:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe the methods used to determine attendance and how you distinguished among the visitor categories above:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name of Event/Activity: ______________________________________________________
Date(s) of Event/Activity: ____________________________________________________
Organization: ______________________________________________________________
Contact Person: ______________________________________________________________
Signature: ________________________________    Date: __________________________

By signing above I certify that the information provided on in this report is true and correct and that I have the authority to speak for and bind the above organization by signature.