

## The Town of Fenwick Island

800 Coastal Highway, Fenwick Island, DE 19944-4409 302-539-3011 ~ 302-539-1305 fax www.fenwickisland.delaware.gov

## SHORT TERM GROSS RENTAL RECEIPTS APPLICATION

Applicant's Name:			
Name Of Property Owner (if different)	:		
Rental/Location Address:		Tax Map #	
Mailing Address:			
Telephone Number:	Fax Number:	E-Mail Address: _	
Description of Premises: #Bedrooms_	#Baths	#Parking Spaces	Other
Business Name (if any):			
Name Of Realtor, Agent or Other Colle	ecting Rental Money:		
Address:			
Telephone Number:	Fax Number:	E-Mail Address:	
Business License Number:			
Gross Rental Receipts for Six (6) Mon	th Period:		
From: To month/year month/year		\$	
8% Tax on Gross Rental Receipts Due Payable To The Town Of Fenwick Islar			
		\$(Amount of en	closed check)
I DECLARE UNDER THE PENALTIES OF AND STATEMENTS) HAS BEEN EXAM AND COMPLETE RETURN.			
(Signature of Payer	of Tax or Agent)		(Date)

NOTE: FAILURE TO FILE THIS FORM AND REMIT THE TAX BY THE REQUIRED DUE DATE WILL MAKE YOU LIABLE FOR INTEREST AT THE RATE OF 1% PER MONTH ON THE AMOUNT OF THE TAX DUE. IF TAX REMAINS DELINQUENT AND UNPAID FOR A PERIOD OF ONE (1) MONTH FROM DATE DUE AND PAYABLE, THE TOWN OF FENWICK ISLAND, DELAWARE WILL ADD A PENALTY OF 25% OF THE TAX DUE. THE TOWN OF FENWICK ISLAND, DELAWARE MAY PROCEED TO COLLECT THE DELINQUENT AND UNPAID TAXES BY SUIT OR OTHER LEGAL MEANS.

## MAKE CHECK PAYABLE TO: TOWN OF FENWICK ISLAND

RENTAL INCOME NOVEMBER 1 TO APRIL 30 – 8% TAX DUE  $\underline{\text{MAY 31}}$  RENTAL INCOME MAY 1 TO OCTOBER 31 – 8% TAX DUE  $\underline{\text{NOVEMBER 30}}$   $\underline{\text{REV 01-2023}}$