

**Town of Dagsboro**  
**P.O. Box 420**  
**Dagsboro, DE 19939**  
**Phone: (302) 732-3777**  
**Fax: (302) 732-3907**

**2023 Gross Rental Receipts**  
**(January 1 – December 31)**

Name of Property Owner: \_\_\_\_\_

Dagsboro Rental License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address of Rental Property: \_\_\_\_\_

Name of Renter: \_\_\_\_\_

Renter Phone Number: \_\_\_\_\_

Name of Realtor, agent, or other collecting rental money: \_\_\_\_\_

Gross Rental Receipts for Twelve (12) Month Period:

From: January 1, \_\_\_\_\_  
Year

To: December 31, \_\_\_\_\_  
Year

Total Gross Rental Receipts: \_\_\_\_\_

(Amount of rent collected from Jan 1 – Dec 31)

Total Gross Receipts x 3% Rental Tax: \_\_\_\_\_

(Amount of enclosed check)

**Make Check Payable to: Town of Dagsboro**  
**Tax Due by February 1**

I DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS RETURN (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE AND COMPLETE RETURN.

\_\_\_\_\_  
Signature of Payer or tax Agent

\_\_\_\_\_  
Date

NOTE: Failure to file this form and remit the tax by required due date will make you liable for interest at the rate of 1.5% per month on the amount of the tax due until such debt is fully paid.