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

2026 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, 2026 (Year) To: December 31, 2026 (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.