



**BOARD OF COUNTY COMMISSIONERS  
HOTEL/MOTEL TRANSIENT OCCUPANCY TAX**

*Please print or type all information:*

**PAYMENT PERIOD:**    **MONTH:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

**Name of Hotel/Motel:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name of Owner/Corporation** \_\_\_\_\_

**Name of Operator/Manager** \_\_\_\_\_

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<b>1. Gross Rental Receipts</b> (All lodging furnished to guests) .....	\$ _____
<b>2. Exemptions</b> (Room rentals of 30 continuous days or longer) <b>Attach Hotel/Motel Exemption Certificates, Contracts and Folios</b> .....	\$ _____
<b>3. Other exemptions</b> (Only Rooms paid for directly by the federal government or by political subdivisions outside of Ohio qualify for this exemption. <b>Attach Hotel/Motel Exemption Certificates and ID</b> .....	\$ _____
<b>4. TOTAL EXEMPTIONS</b> (Add lines 2 & 3) .....	\$ _____
<b>5. NET TAXABLE RECEIPTS</b> (Line 1 minus Line 4) .....	\$ _____
<b>6. TAX DUE</b> (Enter 7% of Line 5) .....	\$ _____
<b>7. Adjustment</b> (For over or underpayment of prior periods) .....	\$ _____
<b>8. Penalty</b> (10% per month for late return) .....	\$ _____
<b>9. Interest</b> (1% per month until paid) .....	\$ _____
<b>10. TOTAL TAX DUE</b> (Sum of lines 6, 7, 8 & 9) .....	\$ _____

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*I hereby certify that the information and statements contained herein and in any schedules or exhibits attached are true and correct.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name and title: \_\_\_\_\_

**Make Payable to:**  
Treasurer Lucas County

**Enclose:**  
Original tax return  
Check/Draft/Money Order  
Exemption Certificates

**Return to:**  
Board of Lucas County Commissioners  
Attn: Office of Management and Budget  
One Government Center, Suite 800  
Toledo, Ohio 43604-2259