



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 _____

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

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