



**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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- | | | |
|---|----|-------|
| 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 10% 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)..... | \$ | _____ |
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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