

CITY OF ROSSFORD, OHIO

133 OSBORN STREET
ROSSFORD, OHIO 43460-1236

**HOTEL/MOTEL
TAX**

PLEASE REMIT PAYMENT TO ABOVE ADDRESS

TAXPAYER INFORMATION

FEDERAL ID# _____

ACCOUNT # _____

TAX PERIOD	DUE DATE	INDICATE (X)
JANUARY 1 - MARCH 31	APRIL 30	
APRIL 1 - JUNE 30	JULY 31	
JULY 1 - SEPTEMBER 30	OCTOBER 31	
OCTOBER 1 - DECEMBER 31	JANUARY 31	

- 1. **GROSS RECEIPTS**
All Hotel & Motel Lodging Furnished To Guests \$ _____
- 2. **EXEMPT RECEIPTS**
Permanent Guests - Continuous Lodging Over 30 Days \$ _____
- 3. **OTHER EXEMPTIONS**
Attach Copy Of Exemption Certificate \$ _____
- 4. **TOTAL EXEMPT RECEIPTS**
Total Of Lines 2 & 3 \$ _____
- 5. **NET TAXABLE RECEIPTS**
Line 1 Less Line 4 \$ _____
- 6. **TAX DUE - 6% Of Line 5** \$ _____
- 7. **PENALTY For Non-Filing - \$1.00 Per Day Past Due Date**
(Municipal Code Section 195.06) \$ _____
- 8. **PENALTY On Liability - 15% Of Line 6**
(Municipal Code Section 195.07 g) \$ _____
- 9. **TOTAL DUE**
Total Of Lines 6, 7 & 8 \$ _____

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN AND IN ANY SCHEDULES OR EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNATURE

TITLE

DATE