

**CITY OF TIPP CITY**

**DEPARTMENT OF FINANCE**

**RETURN FOR THE PAYMENT OF TRANSIENT OCCUPANCY TAX**

**REGISTRATION NO. \_\_\_\_\_**

FOR MONTHLY PERIOD FROM \_\_\_\_\_ 20\_\_ TO \_\_\_\_\_ 20\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

1. Gross Receipts – All Hotel & Motel Lodging furnished to Guests	\$ _____
2. Exempt Receipts – Permanent Guests (Anyone with continuous lodging over 30 days)	\$ _____
3. Other Exemptions – Attach copy of Exemption Certificate	\$ _____
4. Total Exempt Receipts – Add lines 2 and 3	\$ _____
	TOTAL \$ _____
5. Net Taxable Receipts – Line 1 less Line 4	\$ _____
6. Tax Due – Enter 3% of Line 5	\$ _____
7. Credit or Debit – Over or Underpayment in prior months	\$ _____
8. Penalty – 10% for late return	\$ _____
9. Interest – 1-1/2% per annum until paid	\$ _____
10. Total Tax Due – Sum of Lines 6, 7, 8 and 9	\$ _____

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

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Deliver or mail original copy to the office of the Director of Finance of the City of Tipp City, 260 South Garber Drive, Tipp City, Ohio 45371.

Make check, draft or money order payable to the City of Tipp City.