

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.