

**Clermont County Board of Commisioners
Clermont County , Ohio
MONTHLY LODGING EXCISE TAX RETURN**

FOR THE MONTH OF _____, 20____

(A RETURN MUST BE FILED EACH MONTH, EVEN IF THERE WERE NO RECEIPTS)

NAME OF HOTEL / MOTEL _____

ADDRESS _____

TAXING DISTRICT _____

NAME OF PERSON IN CHARGE _____

TOTAL NUMBER OF RENTABLE ROOMS _____

- | | |
|---|-------|
| 1.) GROSS RECEIPTS FROM ALL ROOM RENTALS | _____ |
| 2.) SUBTRACT GROSS RECEIPTS FROM NON-TRANSIENT ROOM RENTALS* | _____ |
| 3.) SUBTRACT STATE & LOCAL TAXES COLLECTED | _____ |
| 4.) NET AMOUNT COLLECTED FROM RENTALS | _____ |
| 5.) TAX RATE | 4% |
| 6.) LODGING TAX DUE FOR THE MONTH (Line 4 multiplied by Line 5) | _____ |

THE TAX IS DUE AND PAYABLE ON OR BEFORE THE LAST DAY OF THE MONTH FOLLOWING THE MONTH FOR WHICH THIS RETURN IS MADE. DELINQUENT TAX SUBJECT TO A PENALTY OF 1.5% PER MONTH

*NON-TRANSIENT ROOM RENTAL IS RENTAL FROM ANY GUEST STAYING MORE THAN 30 CONSECUTIVE DAYS.

This form completed by _____
Name Title Phone Number

Under penalties of falsification, a misdemeanor of the 1st degree, I declare that this return and any accompanying schedules and statements have been examined by me, and that, to the best of my knowledge and belief, it is a true, accurate, and complete return and receipt.

Date Owner/Agent/Manager

RETURN ORIGINAL COPY OF THIS FORM AND PAYMENT TO:
Clermont county Auditor's Office
Attn: Lodging Tax
101 East Main Street
Batavia, Ohio 45103
(Make check payable to: Clermont County Treasurer)