

CITY OF PORTSMOUTH, OHIO
HOTEL/MOTEL EXCISE TAX RETURN

TO BE FILED AND THE TAX DUE PAID THEREWITH FOR EACH SEPARATE PREMISES UPON WHICH ARE LOCATED HOTEL/MOTEL LODGINGS ON OR BEFORE THE LAST DAY OF EACH MONTH FOLLOWING THE END OF EACH CALENDAR QUARTER.

NAME: _____

ADDRESS: _____

CITY: _____

QUARTERLY PERIOD BEGINNING _____ AND ENDING _____

DUE ON OR BEFORE _____ AUDITED BY _____.

LOCATION OF PREMISES _____

IF BUSINESS DISCONTINUED, INDICATE DATE _____

IF NEW BUSINESS, OR CHANGE OF OWNERSHIP, OR FORM OF OWNERSHIP, INDICATE

DATE: _____; AND NAME OF NEW OWNER: _____

1.) GROSS RETAIL SALES (LESS REFUNDS AND CASH DISCOUNTS) DURING THE REPORTING CALENDAR QUARTER \$ _____	4.) TAXABLE RENTS (LINE 1 MINUS LINES 2 & 3 _____
MINUS:	5.) 4% OF LINE 4 \$ _____
2.) TOTAL OF AMOUNT REPORTED IN LINE 1 TO WHICH THE TRANSIENT LODGING PROVISIONS OF THE OHIO SALES TAX (ORC 5739.01(B) AND ORC 5739.02 (M) AND (O) ARE NOT APPLICABLE.\$ _____	6.) TAX COLLECTED \$ _____
2.) RENT TO BE REIMBURSED OR PAID BY THE FEDERAL GOV'T, STATE OF OHIO OR ANY OF ITS POLITICAL SUBDIVISIONS, AND RENTS NOT WITHIN THE CONSTITUTIONAL TAXING POWER OF PORTSMOUTH (ATTACH HERETO ALL EXEMPTION CERTIFICATES) \$ _____	7.) LARGER OF LINE 5 OR 6 \$ _____
	8.) PENALTY FOR LATE FILING \$ _____ (\$1.00 PER DAY)
	9.) INTEREST \$ _____ (6% PER ANNUM) FROM DUE DATE
	10.) TOTAL AMT DUE LINES 7+8+9 \$ _____

I DECLARE THAT THE INFORMATION CONTAINED IN THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE , COMPLETE AND CORRECT RETURN.

SIGNATURE _____ DATE _____ TITLE _____

RETURN TO THE CITY AUDITOR, INCOME TAX DIVISION, P O BOX 1323, PORTSMOUTH, OH 45662, WITH CHECK ENCLOSED MADE PAYABLE TO THE CITY OF PORTSMOUTH, OH.