



233 South Main Street, P.O. Box 330, Monroe, OH 45050-0330

Period from _____ **to** _____

Name _____

Address _____

1)	Group Receipts (all hotel and motel lodging furnished guests)	\$ _____
2)	Exempt Receipts (permanent guest, continuous lodging over 30 days)	\$ _____
3)	Other exemptions (attach exemption certificate) tax	\$ _____
4)	Total exempt receipts (add lines 2 and 3)	\$ _____
5)	Net taxable receipts (line 1 less line 4)	\$ _____
6)	Tax due (enter 3% of line 5)	\$ _____
7)	Adjustments-Prior Period (attach explanation)	\$ _____
8)	Penalty (10% per month for late payment)	\$ _____
9)	Total tax due (sum of lines 6,7, & 8)	\$ _____

I hereby certify that the information and statements contained herein and in schedule of exhibition attached are true and correct.

Signature _____ Title _____

* To avoid penalty and interest, payments must be received on or before the 15th of the month following the taxing period.

**Notify Assistant Finance Director of any change in ownership
or name change
513-539-7374**