

RETURN OF HOTEL - MOTEL LODGING TAX

Cindy Funk

MAIL TO:

Ashland County Auditor
142 W. 2nd St. • Ashland, Ohio 44805
419-282-4235


Vendor's License #:

Reporting Month _____ 20____

Due on or before the 15th of the following month.

Name:

Address:

1	GROSS RENTS	
2	EXEMPT RENTS (permanent guests)	
3	OTHER EXEMPTIONS (attach exemption certificate)	
4	TOTAL EXEMPT RENTS (add lines 2 and 3)	
5	TAXABLE RENTS (line 1 less line 4)	
6	3% of TAXABLE RENTS	
7	ADJUSTMENTS – PRIOR PERIOD (attach explanation)	
8	ADJUSTED TAX DUE	
9	PENALTY FOR LATE FILING (10%)	
10	INTEREST (12% per annum from date tax due)	
11	TOTAL TAX DUE (sum of lines 8 thru 10)	

Submit payment with this return. Make check payable to ASHLAND COUNTY AUDITOR.

I hereby certify that the information and statements contained herein are true and correct to the best of my knowledge.

Signature

Title

Notify the ASHLAND COUNTY AUDITOR promptly of any change in ownership or name and address.