

# COUNTY OF RICHLAND

## HOTEL OPERATORS OCCUPANCY TAX RETURN

Hotel Name and Address: \_\_\_\_\_

Taxes for Month: \_\_\_\_\_ (Taxes due by last day of following month)

- |   |    |
|---|----|
| 1. Total Non-Transient Rooms A _____ Total Non-Transient Guests B _____ | 1  |
| 2. Total Transient Rooms A _____ Total Transient Guests B _____         | 2  |
| 3. Gross Room Sales for the Month _____                                 | 3  |
| 4. Exempt Sales Non Transient Guests _____                              | 4  |
| 5. Net Taxable Sales (line 3 less line 4) _____                         | 5  |
| 6. Tax Due (enter 3% of line 5) _____                                   | 6  |
| 7. Credit or Debit (over or under payment in prior months) _____        | 7  |
| 8. Total Tax Due (total of lines 6 and 7) _____                         | 8  |
| 9. Late Charge 10% If Postmarked after due date (10% of line 8) _____   | 9  |
| 10. Total Due Including Late Fee (total of lines 8 and 9) _____         | 10 |

I declare that the information contained in this return, to the best of my knowledge, is true, correct and complete.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

Make check, or money order payable to: Richland County Treasurer

Mail completed return with payment to:

Richland County Auditor's Office  
50 Park Avenue East  
Mansfield, OH 44902