

CITY OF MIAMISBURG
FINANCE DEPARTMENT

RETURN FOR THE PAYMENT OF TRANSIENT OCCUPANCY TAX

REGISTRATION NO. _____

MONTH OF _____ 20 _____

HOTEL/MOTEL NAME _____

ADDRESS _____

-
-
- | | |
|---|----------|
| 1. GROSS RECEIPTS - All Hotel & Motel Lodging furnished to Guests | \$ _____ |
| 2. EXEMPT RECEIPTS - Permanent Guests (Anyone with continuous lodging over 30 days) | \$ _____ |
| 3. OTHER EXEMPTIONS - (Attach copy of Exemption Certificate) | \$ _____ |
| 4. TOTAL EXEMPT RECEIPTS - (Add lines 2 & 3) | \$ _____ |
| 5. NET TAXABLE RECEIPTS - (Line 1 less Line 4) | \$ _____ |
| 6. TAX DUE - (Enter 3% of Line 5) | \$ _____ |
| 7. CREDIT OR DEBIT - (Over or Underpayment in prior Months) | \$ _____ |
| 8. PENALTY - (10% per month for late return compounded monthly) | \$ _____ |
| 9. TOTAL TAX DUE - (Sum of Lines 6, 7 & 8) | \$ _____ |
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I hereby certify that the information and statements contained herein and in any schedules or exhibits attached are true and correct.

SIGNED _____

TITLE: _____

Deliver or mail original copy to the office of the Finance Director of the City of Miamisburg, Ohio
10 N. First Street, Miamisburg, OH 45342.

Make check, draft or money order payable to the City of Miamisburg, Ohio.