CERTIFICATE ACCOUNT NO.

PERIOD
From 20 To 20

HOTEL NAME

HOTEL ADDRESS

HOTEL - MOTEL TAX RETURN

Board of County Commissioners
Montgomery County, Ohio

451 West Third Street
Dayton, Ohio 45422-1038

MONTGOMERY COUNTY

1	GROSS RENTS		
2	PERMANENT GUEST EXEMPTIONS		
3	CERTIFICATE EXEMPTIONS (attach exemption certificate)		
4	TOTAL EXEMPT RENTS (add lines 2 and 3)		
5	TAXABLE RENT (line 1 minus line 4)		
6	3% OF TAXABLE RENTS		
7	TAX COLLECTED		
8	**TOTAL TAX DUE** (larger of lines 6 or 7)		

MONTHLY OCCUPANCY REPORT
PLEASE COMPLETE

TOTAL NUMBER OF ROOMS AVAILABLE_____ TIMES_____DAYS OF THE MONTH	
TOTAL NUMBER OF ROOMS SOLD	
TOTAL PERCENTAGE OF OCCUPANCY	%

Tax return must be filed on or before the last day of each month following the month being reported.
Submit payment with this form. Make check payable to COUNTY TREASURER.
Mail to: **MONTGOMERY COUNTY HOTEL-MOTEL TAX DIVISION. P.O. BOX 972. DAYTON, OH 45422-1038**

I hereby cetify that the information and statements contained herein and in any schedules of exhibits attached are true and correct to the best of my knowledge.

SIGNATURE _____ PRINTED NAME OF SIGNATURE _____ TITLE _____

Notify THE MONTGOMERY COUNTY HOTEL-MOTEL TAX DIVISION promptly of any change in ownership or name and address

REV. 11/05

FOR OFFICE USE ONLY:		
TOTAL PENALTY FOR LATE FILING		

Montgomery County Commissioner's Copy - *White* Hotel - *Canary* Hotel-Motel Copy - *Pink*

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