

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

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 certify 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

FOR OFFICE USE ONLY:

TOTAL PENALTY FOR LATE FILING

REV. 11/05

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