

CITY OF PORT CLINTON MONTHLY RETURN OF TRANSIENT OCCUPANCY TAX

- | | |
|---|----------|
| 1. Gross receipts – Hotel/Motel/Other Lodging furnished to guests | \$ _____ |
| 2. Exempt receipts – permanent guests (anyone with continuous lodging over 30 days) | \$ _____ |
| 3. Other exemption (attach documentation) | \$ _____ |
| 4. Total exempt receipts (add lines 2 and 3) | \$ _____ |
| 5. Not taxable receipts (line 1 less line 4) | \$ _____ |
| 6. Tax due (enter 3% of line 5) | \$ _____ |
| 7. Credit or debit (prior over or underpayment) | \$ _____ |
| 8. Penalty (10%) of tax due | \$ _____ |
| 9. Total tax due (sum of lines 6,7, 8) | \$ _____ |

Property Owner _____
 Property Address _____

Ordinance No. 30-85, effective 1/1/1996
 Ordinance No. 40-05, effective 1/1/2006

MAKE CHECK OR MONEY ORDER PAYABLE TO TREASURER – CITY OF PORT CLINTON AND MAIL WITH COMPLETED RETURN TO:

TREASURER, CITY OF PORT CLINTON
 1868 E. PERRY STREET
 PORT CLNTON, OHIO 43452

For Year / Month
 Ending _____

I hereby certify that the information and statements contained herein (Signed) _____ Date _____ and in any schedule or exhibits attached are true and correct.

CITY OF PORT CLINTON MONTHLY RETURN OF TRANSIENT OCCUPANCY TAX

- | | |
|---|----------|
| 1. Gross receipts – Hotel/Motel/Other Lodging furnished to guests | \$ _____ |
| 2. Exempt receipts – permanent guests (anyone with continuous lodging over 30 days) | \$ _____ |
| 3. Other exemption (attach documentation) | \$ _____ |
| 4. Total exempt receipts (add lines 2 and 3) | \$ _____ |
| 5. Not taxable receipts (line 1 less line 4) | \$ _____ |
| 6. Tax due (enter 3% of line 5) | \$ _____ |
| 7. Credit or debit (prior over or underpayment) | \$ _____ |
| 8. Penalty (10%) of tax due | \$ _____ |
| 9. Total tax due (sum of lines 6,7, 8) | \$ _____ |

Property Owner _____
 Property Address _____

Ordinance No. 30-85, effective 1/1/1996
 Ordinance No. 40-05, effective 1/1/2006

MAKE CHECK OR MONEY ORDER PAYABLE TO TREASURER – CITY OF PORT CLINTON AND MAIL WITH COMPLETED RETURN TO:

TREASURER, CITY OF PORT CLINTON
 1868 E. PERRY STREET
 PORT CLNTON, OHIO 43452

For Year / Month
 Ending _____

I hereby certify that the information and statements contained herein (Signed) _____ Date _____ and in any schedule or exhibits attached are true and correct.