

CLINTON COUNTY
Hotel Operators Occupancy
Quarterly Tax Return

Please fill in all lines including room totals.

HOTEL NAME _____	FOR QUARTER ENDING _____
DBA _____	DUE ON OR BEFORE _____
ADDRESS _____	TOWNSHIP _____
_____	_____

- | | | | |
|----|--|-----------------|--|
| 1) | Total Nights Non-Transient Rooms | _____ | |
| 2) | Total Nights Transient Rooms | _____ | |
| 3) | Gross Room Sales for Quarter | \$ _____ | |
| 4) | Exempt Sales Non-Transient Room Rental | \$ _____ | |
| 5) | Net Taxable Sales (Line 3 less Line 4) | \$ _____ | |
| 6) | Tax Due (Enter 3% of Line 5) | \$ _____ | |
| 7) | Credit or Debit (Over/Under Payment in Prior Quarters) | \$ _____ | |
| 8) | TOTAL TAX DUE (Total of Lines 6 and 7) | \$ _____ | |
| | Late Fees (\$50.00 per Month After Due Date) | \$ _____ | |
| | <i>Please Include with Payment</i> | | |

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

Printed Name

Phone Number

Signature

Title

Date

Make Check, Draft or Money Order Payable to: CLINTON COUNTY TREASURER

Mail Original and One Copy of Completed Return with Remittance to:

**TERENCE G HABERMEHL
CLINTON COUNTY AUDITOR
46 S SOUTH STREET, SUITE 130
WILMINGTON, OH 45177**

If you have questions regarding completion of this form, please call the Auditor's office @ 937-382-2250.