

**County of Hamilton
Hotel Lodging Excise Tax Return**

To be filed and the tax due paid therewith for each separate premises upon which are located hotel lodgings. Due on or before the last day of each month following the end of each calendar quarter.

Date Quarterly Period Begins:		Date Quarterly Period Ends:	Ohio Vendor's License No.:
Name of Vendor: (per vendor's license)			
Mailing Address:			
Name of Hotel/Motel:			
Location of Hotel/Motel: (City, Village or Township)		Last Federal Income Tax Return Filed:	
Phone:		Federal I.D. No.	
Annual Accounting Period if not Calendar Year:		If business discontinued, indicate date:	
Fiscal year ending: _____, 20 _____			
If new business, or change of ownership, or form of ownership, indicate:			
Date:		Name of New Owner:	

Line

1. Gross retail sales, less refunds and cash discounts during the previous calendar quarter, as reported on Line 1 of the previous (3 monthly) Ohio Sales Tax returns (ST-10) filed with the Ohio Department of Taxation. *		\$ _____
2. Nontaxable sales (i.e., food, movies, etc.)	-	\$ _____
3. Gross room rental receipts, less refunds and cash discounts (Line 1 minus Line 2)	=	\$ _____
4. Exemptions:		
4a. Lodging paid directly by the Federal government or government of any state, excluding Ohio, or any of their political subdivisions.	\$	_____
4b. Rents paid by non-transient guests	+ \$	_____
5. TOTAL EXEMPTIONS (Lines 4a. + 4b.)	= \$	_____ → - \$ _____
6. Taxable room rental receipts. (Line 3 minus Line 5)	=	\$ _____

Computation of Tax

7. 6.5% of taxable room rental receipts. (Line 6 x .065)		\$ _____
8. Tax collected.		\$ _____
9. Larger of Line 7 or Line 8.	+	\$ _____
10. Penalty for late filing. (10% of Line 9) (Line 9 x .10)	+	\$ _____
11. Interest (See attached cover letter for rate.)	+	\$ _____
12. Total tax, penalty, and interest due. (Total of Lines 9, 10 and 11.)	=	\$ _____
13. TOTAL REMITTED WITH THIS RETURN.		\$ _____

* If a cumulative Ohio return is permitted, Line 1 on this return for each of the premises shall contain the correct proportionate amount of the total of Line 1 on the cumulative return.

I knowingly affirm and declare under the penalties of falsification [R.C. 2921.13(7)] that:

- ✓ I have examined this return, including any accompanying statements, and the records substantiating all of the entries hereon;
- ✓ This return is made to the Board of County Commissioners of Hamilton County, the Hamilton County Administrator and his assistants, for the purpose of assisting them in the discharge of their duties in administering the excise tax as to which this return is made; and
- ✓ This return is true, correct and complete.

Signature:	Date:
Capacity of Signer: (Officer, partner, manager, accountant, controller, etc.)	

Return to:

County Administrator
County Administration Building, Room 607
138 East Court Street
Cincinnati, OH 45202

Enclose:

- ✓ Check; or
- ✓ Draft

Made Payable to:

The Treasurer of Hamilton County