

701 Wessel Drive-- Fairfield, OH 45014

Phone: (513) 867-5327 Fax: (513) 867-5333

TRANSIENT OCCUPANCY TAX

Account # \_\_\_\_\_

Period From: \_\_\_\_\_ 20 , To: \_\_\_\_\_ 20

Name \_\_\_\_\_ Telephone # \_\_\_\_\_
Address \_\_\_\_\_
Street City State Zip Code

Type of Business:

[ ] Hotel/Motel [ ] Apartment Hotel [ ] Lodging House

[ ] Other \_\_\_\_\_
Description

If new business or change of ownership, indicate starting date: \_\_\_\_\_

1. Total revenue from all room rentals \$ \_\_\_\_\_

ALLOWABLE DEDUCTIONS

2. Rents paid by non-transient guests. ( continuous lodging thirty days and beyond) \$ \_\_\_\_\_

3. Occupancy rent for authorized federal government, State of Ohio or City agencies. (attach copy of Exemption Certificate) \$ \_\_\_\_\_

4. Total allowable deductions. \$ \_\_\_\_\_

5. Taxable rent. (Line 1-Line 4) \$ \_\_\_\_\_

COMPUTATION OF TAX

7. 3% of taxable rent (Line #5). \$ \_\_\_\_\_

8. Credit (-) or Debit (+) from prior quarter \$ \_\_\_\_\_

9. Tax balance due (sum of Line #7 or #8). \$ \_\_\_\_\_

10. Delinquency penalty (1%). \$ \_\_\_\_\_

11. Total tax and penalty \$ \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this return and the records substantiating the above allowable deductions, and to the best of my knowledge and belief, it is true, correct and complete.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Deliver or mail to: City of Fairfield Tax Office, 701 Wessel Drive, Fairfield, OH 45014
Make checks payable to: City of Fairfield Income Tax

RETURN CALENDAR

April 30th
1st Quarter Due

July 31st
2nd Quarter Due

October 31st
3rd Quarter Due

January 31st
4th Quarter Due