

SANDRA CORDER COSHOCOTON COUNTY AUDITOR 3% EXCISE TAX ON LODGING

REPORTING MONTH: _____

NAME AND MAILING ADDRESS:

HOTEL/MOTEL NAME AND ADDRESS

Name of Hotel: _____
 Address: _____
 City, State, Zip: _____
 Contact Person: _____

Corporate Name: _____
 Address: _____
 City, State, Zip: _____

IF THE HOTEL HAS CHANGED OWNERSHIP OR CHANGED NAMES, PLEASE INDICATE
 DATE _____ OF CHANGE, NAME _____
 AND ADDRESS _____
 OF THE NEW OWNERS.

- 1. GROSS ROOM REVENUE FOR THE MONTH.....\$ _____
- 2. ADJUSTMENTS OR ALLOWANCES TO REVENUE.....\$ _____
- 3. EXEMPTED ROOM REVENUE (SEE CODE OF REGULATIONS).....\$ _____
- 4. NET TAXABLE ROOM REVENUE (LINES 1 AND 2 LESS 3).....\$ _____
- 5. TAX REVENUE DUE (ENTER 3% OF LINE 4)\$ _____
- 6. TOTAL PAYMENT ENCLOSED.....\$ _____

I KNOWINGLY AFFIRM AND DECLARE UNDER THE PENALTY OF PERJURY [ORC 2921.13(7)]
 THAT I HAVE EXAMINED THIS RETURN, AND THAT THE RECORDS HEREIN ARE TRUE,
 CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED _____ TITLE _____ DATE _____

NOTE: THIS FORM MUST BE AN INK SIGNED ORIGINAL AND MUST ACCOMPANY THE PAYMENT
 DUE IN OUR OFFICE ON OR BEFORE THE 15th DAY OF THE MONTH IN ORDER TO AVOID ANY
 PENALTIES AND INTEREST FEES. THIS FORM MUST BE FILED THOUGH NO TAX IS DUE.

KINDLY MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO:
Janette Donaker, COSHOCTON COUNTY TREASURER

MAIL ORIGINAL COPY OF COMPLETED RETURN WITH PAYMENT TO:
 SANDRA CORDER, COSHOCTON COUNTY AUDITOR
 349 MAIN STREET
 COSHOCTON, OHIO 43812