

AMY OSSMAN
CLERK/TREASURER
128 Court Street, Cadiz, OH 43907-(740)942-8844;Fax (740)942-4448

QUARTERLY LODGING EXCISE TAX FORM

FOR THE _____ QUARTER OF _____

*A RETURN MUST BE FILED EACH QUARTER, EVEN IF THERE WERE NO RECEIPTS.

(1st QTR=JANUARY- MARCH; 2nd QTR=APRIL-JUNE; 3rd QTR=JULY-SEPT; 4th QTR = OCT-DEC)

***THIS FORM AND ALL QUARTERLY PAYMENTS ARE DUE 10 DAYS AFTER THE LAST DAY OF EACH QUARTER.
(EX: First Quarter Form and Payment Due no Later than April 10)
DELINQUENT TAXES ARE SUBJECT TO A PENALTY OF 1 1/2% PER MONTH.**

NAME OF HOTEL/MOTEL: _____

ADDRESS: _____

NAME OF PERSON IN CHARGE: _____

TOTAL NUMBER OF RENTABLE ROOMS: _____

- | | |
|--|---------------|
| 1.) Gross Receipts from Room Rentals | \$ _____ |
| 2.) Subtract State and Local Taxes Collected | - \$ _____ |
| 3.) Net Amount Collected From Rentals | \$ _____ |
| 4.) Line 3 Multiplied by 3% | _____ x .03 = |
| 5.) Lodging Tax Due for Month | \$ _____ |

THIS FORM WAS COMPLETED BY: _____

Name

Title

UNDER PENALTIES OF FALSIFICATION, A MISDEMEANOR OF THE 1st DEGREE, I DECLARE THAT THIS RETURN AND ANY ACCOMPANYING SCHEDULES AND STATEMENTS HAVE BEEN EXAMINED BY ME, AND THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, ACCURATE AND COMPLETE RETURN AND RECEIPT.

Date

Owner/Agent/Manager

Return Original of this form and payment to:

Amy Ossman, Clerk/Treasurer
Village of Cadiz
128 Court St
Cadiz, Ohio 43907 (Make Checks Payable to The Village of Cadiz)