

# Hocking County Board of Commissioners / Township Board of Trustees

## Hocking County, Ohio

Monthly Lodging Excise Tax Return for the Month of \_\_\_\_\_

Lodging Business Name \_\_\_\_\_

Lodging Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Is this form being turned in less than 30 days late? \_\_\_\_\_ **Required Field**

Is the form being turned in beyond 30 days late? \_\_\_\_\_ **Required Field**

- |     |  |                       |          |      |
|-----|--|-----------------------|----------|------|
| 1.  | GROSS ROOM SALES FOR THE MONTH.....  | <b>Required Field</b> | \$ _____ | (1)  |
| 2.  | EXEMPT SALES NON-TRANSIENT GUESTS.....                                       | <b>Required Field</b> | \$ _____ | (2)  |
| 3.  | NET TAXABLE SALES (Line 1 less Line 2).....                                  |                       | \$ _____ | (3)  |
| 4.  | COUNTY TAX DUE (Enter 3% of Line 3).....                                     |                       | \$ _____ | (4)  |
| 5.  | COUNTY LATE CHARGE 30 DAYS AFTER DUE DATE (If applicable) 10% OF LINE 4..... |                       | \$ _____ | (5)  |
| 6.  | COUNTY LATE CHARGE BEYOND 30 DAYS (If applicable) 25% OF LINE 4.....         |                       | \$ _____ | (6)  |
| 7.  | COUNTY TOTAL TAX DUE HOCKING CO TREASURER (Total for lines 4,5 & 6).....     |                       | \$ _____ | (7)  |
| 8.  | TOWNSHIP TAX DUE (Enter 3% of Line 3).....                                   |                       | \$ _____ | (8)  |
| 9.  | TOWNSHIP LATE CHARGE 30 DAYS AFTER DUE DATE (If applicable) 10% OF LINE 8..  |                       | \$ _____ | (9)  |
| 10. | TOWNSHIP LATE CHARGE BEYOND 30 DAYS (If applicable) 25% OF LINE 8.....       |                       | \$ _____ | (10) |
| 11. | TOTAL TAX DUE (YOUR) TOWNSHIP FISCAL OFFICER.....                            |                       | \$ _____ | (11) |

The tax is due and payable to the County Lodging Tax Administrator and Township Fiscal Officer on or before the last day of the month following the month for which this return is made. To meet this requirement, the tax return and payment must be mailed with a dated postmark, the postmark must be dated on or before the last day of the month following the month for which the return is made. For all other delivery forms the tax return and payment must be received on or before the last business day of the month following the month for which the return is made. The Delinquent tax is subject to a penalty of 10% of the net monthly lodging tax due after 30 days and 25% beyond 30 days.

Do not include in gross receipts the rental received from any guest staying more than 30 consecutive days. Repeated late payers could be subject to an additional interest charge.

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

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Make Line 11 Amount Payable to:  
(Your) TOWNSHIP FISCAL OFFICER

Make and Forward Line 7 Payment and Form to:  
HOCKING COUNTY TREASURER

Forward Payment and Lodging Tax Form to:  
HOCKING CO. LODGING TAX ADMINISTRATOR  
93 WEST HUNTER STREET  
LOGAN, OHIO 43138