

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 15th 1st Quarter Due July 15th 2nd Quarter Due October 15th 3rd Quarter Due January 15th 4th Quarter Due
TransOccTax 9-02