

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  
DueJuly 15th  
2<sup>nd</sup> Quarter DueOctober 15th  
3<sup>rd</sup> Quarter  
DueJanuary 15th  
4<sup>th</sup> Quarter  
Due  
TransOccTax 9-02