



## Hotel Lodging Excise Tax Return Form

**Instructions:** This form is to be filled out in its entirety and the tax is due on the last day of the month following the month being reported. If the last day of the month falls on a holiday or a weekend, the tax is due on the Monday following the last day of the month.

### Checks are to be made payable to:

Village of Newcomerstown  
PO Box 151  
Newcomerstown, OH 43832

### REPORTING PERIOD (Mark the period you are reporting)

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June  
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

Ohio Vendor's License Number: \_\_\_\_\_

Name of Hotel/Motel/Bed & Breakfast: \_\_\_\_\_

Address/location of lodging facility: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Phone: \_\_\_\_\_ If business has been discontinued, indicate date: \_\_\_\_\_

If business has changed owner ship or is a new business, indicate date of change and name of new owner: Date: \_\_\_\_\_ New owner: \_\_\_\_\_

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|---|--|
| <b>Total gross sales for transient lodging room rent:</b>   |  |
| <b>Less exemptions:</b><br>1. Government Employees: If you take this exemption, this form must be accompanied by a copy of the individual's Federal I.D.<br>2. Guests staying in the same room for 30 days or more. If you take this exemption, the same person must occupy the same room for 30 days or more. This form must be accompanied by a copy of the room bill. Failure to supply proper documentation will result in the hotel being responsible for the tax. |  |
| <b>Taxable Rent: (total less exemptions)</b>  |  |
| <b>Tax Owed: (taxable rent times 3%)</b>  |  |
| <b>Penalties for Late Filing: (10% times tax owed)</b>  |  |
| <b>TOTAL TAX AND PENALTIES: (AMOUNT OF CHECK INCLUDED WITH THIS FORM)</b>   |  |

I knowingly affirm and declare under penalties of perjury that I have examined this form, including any accompanying statements or documentation, and that this form is made to the Village of Newcomerstown for the purpose of assisting them in the discharge of their duties in administering the excise tax, and that this form is true, correct and complete.

Signature & Title: \_\_\_\_\_ Date: \_\_\_\_\_