

Exhibit B
County of Hamilton Hotel Lodging Excise Tax Return

To be filed and the tax due paid therewith for each separate premises upon which are located hotel lodgings. Due on or before 30 days following the end of each month.

Date Period Begins:	Date Period Ends:	Ohio Vendor's License No:
Name of Vendor: (per vendor's license)		
Mailing Address:		
Name of Hotel/Motel:		
Location of Hotel/Motel: (City, Village or Township)		Last Federal Income Tax Return Filed:
Phone:		<input type="radio"/> Form 1040, Schedule C <input type="radio"/> Form 1065 <input type="radio"/> Form 1120
Federal I.D. No.		If business discontinued, indicate date:
Annual Accounting Period if not Calendar Year: Fiscal year ending: _____, 20____		
If a new business, or change of ownership, or form of ownership, indicate: Date: _____ Name of New Owner: _____		

Line		
1. Gross retail sale, less refunds and cash discounts during the previous month, as reported on the previous month Ohio Sales Tax returns with the Ohio department of Taxation*		\$ _____
2. Nontaxable sales (i.e., food, movies, etc.)		- \$ _____
3. Gross room rental receipts, less refunds and cash discounts (Line 1 minus Line 2)		= \$ _____
4. Exemptions		
4a. Lodging paid directly by the Federal government or government of any state, excluding Ohio, or any of their political subdivisions, or foreign mission	\$ _____	
4b. Rents paid by non-transient guests	+ \$ _____	
5. TOTAL EXEMPTIONS (Line 4a + 4b)	= \$ _____	- \$ _____
6. Taxable room rental receipts (Line 3 minus Line 5)		= \$ _____
Computation of Tax		
7. 7.5% of taxable room rental receipts. (Line 6 x .075)	\$ _____	
8. Tax collected.	\$ _____	
9. Larger of Line 7 or Line 8.		+ \$ _____
10. Penalty for late filing. (10% of Line 9) (Line 9 x 10)		+ \$ _____
11. Interest (See attached cover letter for rate)		+ \$ _____
12. Total tax, penalty, and interest due. (Total of Lines 9, 10, and 11)		= \$ _____
13. Adjustment from previous month		+/- \$ _____
14. TOTAL REMITTED WITH THIS RETURN		= \$ _____

*If a cumulative Ohio return is permitted, Line 1 on this return for each of the premises shall contain the correct proportionate amount of the total of Line 1 on the cumulative return.

I knowing affirm and declare under the penalties of falsification (R.C. 2921.13(A7)) that:

- ✓ I have examined this return, including any accompanying statements, and the records substantiating all of the entries hereon;
- ✓ This return is made to the Board of County Commissioners of Hamilton County, the Hamilton County Administrator and representatives, for the purpose of assisting them in the discharge of their duties in administering the excise tax as to which this return is made; and
- ✓ This return is true, correct and complete.

Signature: _____

Date: _____

Capacity of Signer: (Officer, partner, manager, accountant, controller, etc.) _____

Return to:

Hotel/Motel Lodging Tax
County Administration Building, Room 603
138 East Court Street
Cincinnati, Ohio 45202

Made Payable to:

Hamilton County Administration