



MONTHLY RETURN OF HOTEL/MOTEL TAX

(Pursuant to Chapter 182 Codified Ordinances)

NAME OF HOTEL/MOTEL _____

ADDRESS _____

	Lodging Within Whitehall Ohio	Monthly Occupancy Report Voluntary Survey
1. Gross Receipts – All Hotel and Motel Lodging furnished to guests.....		Total number of rooms available.
2. Exempt Receipts – Permanent guest (Those with continuous lodging over 30 days)		Number of rooms occupied:
3. Other Exemptions (Attach copy of exemption certificate).....		Transient
4. Total Exempt Receipts (Add lines 2 and 3)		Group
5. Net Taxable Receipts (Line 1 less line 4)		Permanent
6. Tax Due to Whitehall (Enter 6% of line 5)		Total number of rooms occupied
7. Credit or debit (Over or underpayment in prior months)		Total number of rooms sold
8. Penalty (If applicable)		Transient
9. Total Tax Due (Sum of lines 6, 7 & 8)		Group
		Permanent
		Total percentage of occupancy
	For	Make remittance payable to:
	Month	City of Whitehall
	Ending	Mail remittance with original
	Due	Of completed return to:
	On or	City of Whitehall Income Tax
	Before	360 S Yearling Road
		Whitehall, OH 43213

I hereby certify that the information and statements contained herein and in any schedules or exhibits attached thereto are true and correct.

(Signed) _____

(Title) _____

(Print or Type)

(Typed or Printed Name)