

**SHERRY KIRKPATRICK
COSHOCOTON CITY AUDITOR
ADDITIONAL 3% EXCISE TAX ON LODGING**

REPORTING MONTH: _____

NAME AND MAILING ADDRESS:

HOTEL/MOTEL NAME AND ADDRESS:

NAME OF HOTEL: _____
ADDRESS: _____
CITY, STATE, ZIP: _____

CORPORATE NAME: _____
ADDRESS: _____
CITY, STATE, and ZIP: _____

IF THE HOTEL HAS CHANGED OWNERSHIP OR CHANGED NAMES, PLEASE INDICATE
DATE _____ OF CHANGE, NEW NAME _____

1. GROSS ROOM REVENUE FOR THE MONTH.....\$ _____
2. ADJUSTMENT OR ALLOWANCE TO REVENUE..... \$ _____
3. EXEMPTED ROOM REVENUE (SEE CODE OF REGULATIONS \$ _____
4. NET TAXABLE ROOM REVENUE (LINES 1 AND 2 LESS 3).....\$ _____
5. TAX REVENUE DUE (ENTER 3% OF LINE 4).....\$ _____
6. **TOTAL AMOUNT DUE.....\$ _____**

I KNOWINGLY AFFIRM AND DELCARE UNDER PENALTY OF PERJURY [ORC 2921.13(7)]
THAT I HAVE EXAMINED THIS RETURN, AND THAT THE RECORDS HEREIN ARE TRUE,
CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED _____ TITLE _____ DATE _____

NOTE: THIS FORM MUST BE AN INK SIGNED ORIGINAL AND MUST ACCOMPANY THE
PAYMENT DUE IN OUR OFFICE ON OR BEFORE THE 15TH DAY OF THE MONTH IN
ORDER TO AVOID ANY PENALTIES AND INTEREST FEES. THIS FORM MUST BE FILED
THOUGH NO TAX IS DUE.

MAKE CHECKS PAYABLE TO: _____

MAIL PAYMENTS TO: _____

CITY OF COSHOCTON

CITY OF COSHOCTON
AUDITOR OFFICE
760 CHESTNUT ST.
COSHOCTON, OHIO 43812