



JERUSALEM TOWNSHIP
HOTEL/MOTEL TRANSIENT OCCUPANCY TAX

Please print or type all information:

PAYMENT PERIOD: **MONTH:** _____ **YEAR:** _____

Name of Hotel/Motel: _____

Address: _____

Name of Owner/Corporation _____

Name of Operator/Manager _____

| | |
|---|----------|
| 1. Gross Rental Receipts (All lodging furnished to guests) | \$ _____ |
| 2. Exemptions (Room rentals of 30 continuous days or longer) Attach Hotel/Motel Exemption Certificates, Contracts and Folios | \$ _____ |
| 3. Other exemptions (Only Rooms paid for directly by the federal government or by political subdivisions outside of Ohio qualify for this exemption. Attach Hotel/Motel Exemption Certificates and ID | \$ _____ |
| 4. TOTAL EXEMPTIONS (Add lines 2 & 3) | \$ _____ |
| 5. NET TAXABLE RECEIPTS (Line 1 minus Line 4) | \$ _____ |
| 6. TAX DUE (Enter 3% of Line 5) | \$ _____ |
| 7. Adjustment (For over or underpayment of prior periods) | \$ _____ |
| 8. Penalty (10% per month for late return) | \$ _____ |
| 9. Interest (1% per month until paid) | \$ _____ |
| 10. TAXES DUE BY THE 15TH OF THE FOLLOWING MONTH | \$ _____ |

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

Signed: _____ Date: _____

Print name and title: _____

Make Payable to:
Jerusalem Township

Enclose:
Original tax return
Check/Draft/Money Order
Exemption Certificates

Return to:
Jerusalem Township
Fiscal Officer
9501 Jerusalem Rd
Curtice, Ohio 43412