

**OTTAWA COUNTY AUDITOR LODGING TAX REMITTANCE FORM**

Make check payable to:

Ottawa County AuditorMail To:

315 Madison St, Room 202, Port Clinton, OH 43452

Telephone: (419) 734-6740 Fax: (419) 734-6592

www.ottawacountyauditor.org

| | | | |
|----------------------------------|---|--|--|
| Certificate No. | Business Name | | |
| Address | | | |
| Collection Period (check one) | <input type="checkbox"/> January 1 – March 31 | <input type="checkbox"/> July 1 – September 30 | <input type="checkbox"/> October 1 – December 31 |
| | <input type="checkbox"/> April 1 – June 30 | | |

| OTTAWA COUNTY | | |
|---------------|---|--|
| 1 | GROSS RENTS | |
| 2 | EXEMPT RENTS (permanent guests, consecutive 30 days stay or more) | |
| 3 | OTHER EXEMPTIONS (attach exemption certificate) | |
| 4 | TOTAL EXEMPTIONS (add lines 2 and 3) | |
| 5 | TAXABLE RENTS (line 1 less line 4) | |
| 6 | 3 % OF TAXABLE RENTS | |
| 7 | TAX COLLECTED | |
| 8 | TAX DUE (larger of line 6 or 7) | |
| 9 | ADJUSTMENTS – PRIOR PERIOD (attach explanation) | |
| 10 | PENALTY FOR LATE FILING (10% if not received on or before the last day of the month following close of quarter) | |
| 11 | INTEREST (2% per month from date tax due) | |
| 12 | TOTAL TAX DUE (sum of lines 8 thru 12) | |

I hereby certify that the information and statements contained herein and in any schedules of exhibits attached are true and correct to the best of my knowledge.

Name _____

Phone # _____

Signature _____

Date _____

Please notify the **OTTAWA COUNTY AUDITOR'S OFFICE** promptly of any change in the ownership or name and address.