



Jill A. Thompson

Athens County Auditor

Athens County Auditor Lodging Tax Remittance Form

Ohio Revised Code § 5739.09

Mail completed original form to:

Make check payable to:

Athens County Auditor
15 S. Court Street, Room 330
Athens, OH 45701

Athens County Treasurer

Business Name:
Address:

Collection Period:	<input type="checkbox"/> January 1 - March 31	<input type="checkbox"/> July 1 - September 30
(Check One)	<input type="checkbox"/> April 1 - June 30	<input type="checkbox"/> October 1 - December 31

1	Gross Rents	
2	Exempt Rents (Permanent guests, consecutive 30 days stay or more)	
3	Other Exemptions (Attach exemption certificate)	
4	Total Exempt Receipts (Add lines 2 and 3)	
5	Net Taxable Receipts (Line 1 less line 4)	
6	Tax Due (Enter 3% of line 5)	
7	Credit or Debit (Over or underpayments in prior months)	
8	Tax Due (Sum of lines 6 and 7)	
9	Prior Period Adjustments (Attach explanation)	
10	Penalty for Late Filing (10% if not received by the Auditor's office on or before the 22nd of the month after the closing of the quarter)	Multiply line 8 by 10% if submitting late
11	TOTAL TAX DUE (Sum of lines 8 through 10).	

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

Printed Name: _____	Phone #: _____
Signature: _____	Date: _____

Please notify the Athens County Auditor's Office promptly of any changes in ownership, name or address.

