



City of Ashtabula Bed Tax Return

| | | | |
|--|-----------------------|-------------------|-------------|
| 1. Name of Establishment | | 2. FID (optional) | |
| 3. Name of Operator (only if different from above) | | 4. Contact Email | |
| 5. Street Address | 6. PO Box (if any) | 7. City | 8. Zip Code |
| 10. Name of Contact Person | 11. Title or Position | 12. Phone Number | |

PERIOD COVERED BY THIS RETURN

| |
|---|
| 13. Quarterly (specify) From _____, 20____ To _____, 20____ |
|---|

COMPUTATION OF TAX

| | | |
|--|-----|-----|
| 14. Gross Income From Occupancy of Rooms During Period Covered By Return | \$ | |
| 15. Less Tax Exempt Sales | -\$ | |
| 16. Net Taxable Income From Occupancy of Rooms | \$ | |
| 17. County Occupancy Tax Due (3% of line 16) | | \$ |
| 18. Penalty (10% of line 17 if tax not paid within 30 days of end of period covered this return) | | +\$ |
| 19. Interest (1.5% of line 17 for each month or fraction thereof if tax not paid within 30 days of period covered by this return - no interest on first 30 days) | | +\$ |
| 20. TOTAL AMOUNT DUE | | \$ |

Under the penalties of perjury, I hereby declare that I have examined this return and the information contained herein, and to the best of my knowledge belief the same are true, correct and complete.

| Signature | Print Name and Title | Date |
|-----------|----------------------|------|
| | | |

MAKE PAYMENT PAYABLE TO "The City of Ashtabula" AND MAIL WITH THIS RETURN TO:

City of Ashtabula
 Finance Department
 4717 Main Avenue
 Ashtabula, OH 44004
 (440) 992-7107

INSTRUCTIONS FOR PREPARING TAX RETURN FORM

- Line 14. Enter the total receipts from room rentals. Include receipts from permanent guest(s) - person(s) who occupy or Rent any room/unit for at least 30 consecutive days - and from tax exempt guests.
- Line 15. Enter total amount of tax exempt and permanent guest receipts. Retain copies of all tax exempt certificates and other proof of exemption, as well as all evidence of all permanent guest(s) including names, residence addresses, dates of occupancy, and rate charged, for at least two years. They do not need to be submitted with the return, but should be retained in records in case a need for verification arises.
- Line 16. Subtract Line 15 from Line 14. This is the amount on which your tax is to be computed.
- Line 17. Enter 3% of Line 16 to compute the tax.
- Line 18. Enter 10% of Line 17 if the return is not filed or the tax due is not paid within 30 days of period covered by this return.
- Line 19. Enter 1.5% of Line 17 for each month or fraction of a month your payment is past due. No interest is to be calculated on the first 30 days. Example 1 - if payment of the tax is due on March 30st and is paid on March 31st, no interest is due (but the 10% penalty in line 18 must be paid). Example 2 - if the tax is due March 30st and is not paid until April 2nd, no interest is due for the period in March 30-31, but 1.5% of the amount in line 17 must be included and paid for the period of April 1-2.
- Line 20. Enter the total of Lines 17, 18 and 19. This is the gross amount due the City of Ashtabula. Make check(s) payable to "**City of Ashtabula**" and mail with this return to: **City of Ashtabula Finance Department, 4717 Main Ave., Ashtabula, OH 44004.**

INFORMATION ON ROOM OCCUPANCY TAX

- Nature of Tax: The tax is imposed upon the occupancy of any hotel or motel accommodations in Otsego County. The term "hotel or motel" means any facility providing lodging on an overnight basis and includes a bed and breakfast facility, inn, housekeeping cottages with four or more units, and tourist facilities.
- Persons Subject To Tax: The occupant, lessee, or tenant of any such hotel or motel accommodation is liable for payment of the tax. The tax is collected by the owner of the hotel or motel room occupied or if the owner is not operating the hotel or motel and being paid the rent for the room occupied, then any other person entitled to be paid the rent or charge for the hotel or motel room occupied, including but not limited to the proprietor, lessee, sublessee, mortgagee in possession, licensee or any other person otherwise operating such hotel or motel.
- Exemptions:
 1. Occupancy for 30 consecutive days or more - permanent guests.
 2. The State of Ohio, or any public corporation (including one created pursuant to agreement or compact with another state or the Dominion of Canada) improvement district or other political subdivision of the state.
 3. The United States of America, or a department or agency thereof.
 4. A tax-exempt corporation or association, or trust, or community chest, fund or foundation, organized and operated exclusively for religious, charitable or educational purposes, or for the prevention of cruelty to children or animals, and no part of the net earnings of which inures to the benefit of any private shareholder or individual and no substantial part of the activities of which is carrying on propaganda, or otherwise attempting to influence legislation.
- Basis and Rate of Tax: The tax is 3% of the per diem rental rate for each room or unit.
- Due Date For & Payment of Tax: 30 days after the close of the period covered by the return. Returns are required to be filed for the Filing Return(s)
- Penalty: 10% of the total tax due for failure to file the return or pay the tax within 30 days of the close of the period covered by the return.
- Interest: 1% per month or fraction thereof for late payment, with the first 30 days after the due date being interest free.

| Period End | Payment Due |
|------------|-------------|
| 3/30 | 4/30 |
| 6/30 | 7/30 |
| 9/30 | 10/30 |
| 12/31 | 1/31 |