CITY OF TIFFIN
DIRECTOR OF FINANCE
53 E. MARKET ST, PO BOX 455
TIFFIN, OH 44883

RETURN FOR HOTEL-MOTEL TAX

QUARTERLY PERIOD FROM_____THRU_____

NAME: _____

ADDRESS: _____

1.	Gross Lodging Receipts	$_____
2.	Exempt Lodging Receipts (Permanent Guests 30 Days or More & Exemption Certificates, Attach Exemption Certificates)	$_____
3.	Taxable Lodging Receipts (Line 1 less Line 2)	$_____
4.	3% of Taxable Lodging Receipts	$_____
5.	Tax Collected	$_____
6.	Tax Due (Larger of Line 4 or 5)	$_____
7.	Adjustments – Prior Period (attach explanation)	$_____
8.	Penalty for late filing and payment (10%)	$_____
9.	TOTAL TAX DUE (Sum of lines 6 thru 8) Tax Due Date Last Day of Month Following Quarter Submit payment with this return. Make check payable to City of Tiffin	$_____

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.

Signed_____ Title_____

Notify the City of Tiffin, Director of Finance Office promptly of any change in the ownership or name and address.
Revised 11-22-16.