

**CITY OF TROY  
DEPARTMENT OF COLLECTIONS  
RETURN FOR THE PAYMENT OF HOTEL MOTEL (TRANSIENT OCCUPANCY) TAX**

Registration No: \_\_\_\_\_

FOR MONTHLY PERIOD OF \_\_\_\_\_, 20\_\_\_\_\_

Payments are due and must be received by the 10th of each month for the preceding month's business.

NAME: \_\_\_\_\_

DBA: \_\_\_\_\_

TROY LOCATION ADDRESS: \_\_\_\_\_

CORPORATE ADDRESS if different: \_\_\_\_\_

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|-----|--|----------|
| 1.  | GROSS RECEIPTS: All Hotel & Motel Lodging furnished to Guests  | \$ _____ |
| 2.  | EXEMPT RECEIPTS: Permanent Guests (Anyone with continuous lodging over 30 days).   | \$ _____ |
| 3.  | OTHER EXEMPTIONS: Attach copy of Exemption Certificate   | \$ _____ |
| 4.  | TOTAL EXEMPT RECEIPTS: Add lines 2 and 3   | \$ _____ |
| 5.  | NET TAXABLE RECEIPTS: Line 1 minus Line 4  | \$ _____ |
| 6.  | TAX DUE: Enter 3% of Line 5  | \$ _____ |
| 7.  | PRIOR ADJUSTMENT: Over or Underpayment in prior month<br>(Must provide written verification of period where adjustment originated, and any supporting documentation)   | \$ _____ |
| 8.  | PENALTY: 10% of tax due for late return; an additional penalty equal to ten percent (10%) of the total tax and penalty of the previous thirty day period shall be added for each successive thirty day period that the account remains delinquent. | \$ _____ |
| 9.  | INTEREST: One-half of one percent per month or fraction thereof on the outstanding tax balance.  | \$ _____ |
| 10. | TOTAL DUE: Total of lines 6, 7, 8 and 9  | \$ _____ |

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

SIGNED: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Deliver or mail original to Department of Collections, ATTN: Transient Occupancy Tax Division, City of Troy, 100 S Market St, Troy OH 45373. Payment MUST BE RECEIVED by the 10th of the month for the preceding month's business.