TRANSIENT OCCUPANCY TAX REPORTING FORM



City of Cleveland

Department of Finance

Division of Assessments & Licenses 601 Lakeside Avenue, Room 122 Cleveland, Ohio 44114-1085 216/664-2260 www.cleveland-oh.gov DAL FORM # 19321 Revised 6/16/2016

CHECK ONE		Hotel Vendor Booking		Agent				
Report	ting Period (ı	mo./yr.): F	EIN # (Businesses) / SSN	# (Individuals):				
Busine	ess Name:							
Physic	cal Address:	Name of Street	City	State		7:		
Mailin	g Address:	Street	City	State		Zip		
wamin		Street	City	State		Zip		
CALCULATION OF NET TAXABLE RECEIPTS						TOTALS		
Line 1	e 1 Total Receipts / Gross Aggregate Transaction Price							
Line 2	2 2 less: Exempt Receipts for Guests Staying More Than 30 Consecutive Days)		
Line 3	3 less: Exempt Receipts for Qualifying Government Employee(s))		
Line 4	4 Total Exemptions (add lines 2 & 3)					(_)
Line 5	e 5 Net Taxable Transaction Price (line 1 less line 4)					\$		-
CALC	LII ATION C	F THE TAX						
		er 3% of line 5)				\$		-
Line 7	Enclosed Re	mittance Amount				\$		
CERT	IFICATION							
	by certify that the eand correct.	he information on this repor	rting form and statemer	nts contained herein, or	on any schedul	es or exhibits attached	d hereto, if ar	٦y,
Signed	l		0	fficial Title				
Printed	tedTelephone Number							
	If a pena	ty or interest is due; th	ne City of Clevelan	d will calculate and	send a pena	alty and interest s	tatement	
<u>OFFICI</u>	IAL USE ONLY			DATE				
Amount of Tax Due				DATE RECEIVED				
Amount of Tax Received					,			