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**

Reporting Period (mo./yr.): **FEIN # (Businesses) / SSN # (Individuals):**

Business Name:

Physical Address:
Street **City** **State** **Zip**

Mailing Address:
Street **City** **State** **Zip**

CALCULATION OF NET TAXABLE RECEIPTS			TOTALS
Line 1	Total Receipts / Gross Aggregate Transaction Price		
Line 2	less: Exempt Receipts for Guests Staying More Than 30 Consecutive Days	( )	
Line 3	less: Exempt Receipts for Qualifying Government Employee(s)	( )	
Line 4	Total Exemptions (add lines 2 & 3)		($ -)
Line 5	Net Taxable Transaction Price (line 1 less line 4)		$ -

CALCULATION OF THE TAX			
Line 6	Tax Due (enter 3% of line 5)		$ -
Line 7	Enclosed Remittance Amount		$

CERTIFICATION

I hereby certify that the information on this reporting form and statements contained herein, or on any schedules or exhibits attached hereto, if any, are true and correct.

Signed _____ Official Title _____

Printed _____ Telephone Number _____

If a penalty or interest is due; the City of Cleveland will calculate and send a penalty and interest statement

OFFICIAL USE ONLY

DATE RECEIVED _____

Amount of Tax Due _____ Reconciled by _____

Amount of Tax Received _____ Date _____