MOTOR VEHICLE LESSOR TAX

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 # 19803
Revised 01/01/2018

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

Business Name:

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

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

Line 1	**Number of Motor Vehicle Rentals / Leases in Reporting Period**		
Line 2	**Tax - Line 1 x $6.00**	**$**	
Line 3	**Penalty for late filing / late payment - Line 2 X 10%**	**$**	
Line 4	**Interest for late filing / late payment - Line 2 X 2% per month past due**	**$**	
Line 5	**Total Remittance - Add Lines 2, 3 & 4**		**$**
Line 6	**Enclosed Remittance Amount**		**$**

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 _____

OFFICIAL USE ONLY

DATE RECEIVED _____

Amount of Tax Due _____ Reconciled by _____

Amount of Tax Received _____ Date _____