

**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<br>(Permanent Guests 30 Days or More & Exemption<br>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.