



CITY OF BRECKSVILLE
9069 BRECKSVILLE RD
BRECKSVILLE, OHIO 44141
440-526-4351

TRANSIENT OCCUPANCY TAX RETURN

TRANSIENT OCCUPANCY TAX RETURN FOR THE MONTH OF \_\_\_\_\_ YEAR \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

CITY STATE ZIP

Table with 5 rows: 1) GROSS RECEIPTS FOR LODGING FURNISHED, 2) TAX DUE (3% OF LINE 1), 3) LATE PAYMENT PENALTY, IF ANY (10% OF LINE 2), 4) LATE PAYMENT INTEREST, IF ANY (0.5% OF LINE 2 PER MONTH), 5) TOTAL TAX/PENALTY/INTEREST DUE. Includes dollar signs and a # OF MONTHS column.

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

TAXPAYER PHONE: \_\_\_\_\_

TAXPAYER EMAIL: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

BY CITY ORDINANCE THIS RETURN MUST BE FILED AND THE AMOUNT OF TAX PAID TO THE CITY OF BRECKSVILLE ON OR BEFORE THE LAST DAY OF THE MONTH FOR THE PRECEDING MONTH.

FORM SHOULD BE COMPLETED IN ITS ENTIRETY AND RETURNED ALONG WITH YOUR CHECK MADE PAYABLE TO THE CITY OF BRECKSVILLE TO:

CITY OF BRECKSVILLE
FINANCE DEPARTMENT
9069 BRECKSVILLE RD.
BRECKSVILLE, OHIO 44141