

Staci Brady, Carroll County Auditor

3% Excise Tax on Lodging

Quarter

Quarter 1 = Jan - Mar

Quarter 2 = Apr - Jun

Quarter 3 = Jul - Sept

Quarter 4 = Oct - Dec

Deadline

Apr 20th

Jul 20th

Oct 20th

Jan 20th

Reporting Quarter: _____

Name of Business: _____

Business Address: _____

Contact Person: _____

Phone Number: _____

If the establishment has changed ownership or changed names, please indicate date of change, name, and address of the new owners.

- | | |
|---|----------|
| 1. Gross room revenue for the month | \$ _____ |
| 2. Tax revenue due (3% of line 1) | \$ _____ |
| 3. 10 % Penalty and Interest (if paid after due date) | \$ _____ |
| 4. Total payment enclosed | \$ _____ |

I knowingly affirm and declare under the penalty of perjury [ORC 2921.13(7)] that I have examined this return, and that the records herein are true, correct, and complete to the best of my knowledge and belief.

_____	_____	_____
Signature	Title	Date

Note: This form must be a signed original and must accompany the payment due in our office on or before the 20th of the beginning of the next quarter in order to avoid a 10% penalty and interest fee per ORC 5739.09(A)(1). **This form must be filed even though no tax is due.**

**KINDLY MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO:
JEFF YEAGER, CARROLL COUNTY TREASURER**

Mail original copy of completed form and return with payment to:

Staci Brady, Carroll County Auditor
119 South Lisbon Street, Suite 203
Carrollton, OH 44615