



OTTAWA COUNTY AUDITOR LODGING TAX REMITTANCE FORM

Make check payable to:
Ottawa County Auditor

Mail To:
315 Madison St, Room 202, Port Clinton, OH 43452
Telephone: (419) 734-6740 Fax: (419) 734-6592
www.ottawacountyauditor.org

Certificate No.	Business Name		
Address			
Collection Period (check one)	<input type="checkbox"/> January 1 – March 31	<input type="checkbox"/> July 1 – September 30	<input type="checkbox"/> October 1 – December 31
	<input type="checkbox"/> April 1 – June 30		

OTTAWA COUNTY

PUT-IN-BAY TWP

1	GROSS RENTS	
2	EXEMPT RENTS (permanent guests)	
3	OTHER EXEMPTIONS (attach exemption certificate)	
4	TOTAL EXEMPTIONS (add lines 2 and 3)	
5	TAXABLE RENTS (line 1 less line 4)	
6	3 % OF TAXABLE RENTS	
7	TAX COLLECTED	
8	TAX DUE (larger of line 6 or 7)	
9	ADJUSTMENTS – PRIOR PERIOD (attach explanation)	
10	PENALTY FOR LATE FILING (10%)	
11	INTEREST (2% per month from date tax due)	
12	TOTAL TAX DUE (sum of lines 8 thru 12)	

1	GROSS RENTS	
2	EXEMPT RENTS (permanent guests)	
3	OTHER EXEMPTIONS (attach exemption certificate)	
4	TOTAL EXEMPTIONS (add lines 2 and 3)	
5	TAXABLE RENTS (line 1 less line 4)	
6	1 % OF TAXABLE RENTS	
7	TAX COLLECTED	
8	TAX DUE (larger of line 6 or 7)	
9	ADJUSTMENTS – PRIOR PERIOD (attach explanation)	
10	PENALTY FOR LATE FILING (10%)	
11	INTEREST (2% per month from date tax due)	
12	TOTAL TAX DUE (sum of lines 8 thru 12)	

I hereby certify that the information and statements contained herein and in any schedules of exhibits attached are true and correct to the best of my knowledge.

Name _____

Phone # _____

Signature _____

Date _____

Please notify the **OTTAWA COUNTY AUDITOR'S OFFICE** promptly of any change in the ownership or name and address