MORGAN COUNTY CONVENTION & VISITORS BUREAU LODGING EXCISE TAX REPORTING FORM

INSTRUCTIONS: This form is to be completed in its entirety. The tax is due no later than the 30^h day of the month following the calendar quarter in which the tax is collected.

Make checks payable to: Morgan County Treasurer and mail to: Morgan County Auditor
155 E. Main St., Room 217
McConnelsville, Ohio 43756

REPORTING PERIOD (Mark the period you are reporting)

	- 2.4202 (Markethe period you are reported	"6)			
1 st quarter; January, February, March (due April 30)2 nd quarter; April, May, June (due July 30)3 rd quarter; July, August, September (due October 30)4 th quarter; October, November, December (due January 30)					
				-,	
			Ohio Vendors License Number:		
			Name and address of Lodging Facility:		
Name and title of person completing this f	orm:	,			
If business has been discontinued, indicate					
If business has changed ownership or is a	new business, indicate date of change and nev				
copy of the individual's federal I.D. 2. Guests occupying the same room for	exemption, this form must be accompanied by a check or other documentation are 30 days or more. If you take this exemption, the groom for 30 daysor more. This form must be				
Failure to supply proper documentation					
responsible for tax. Taxable Rent: (Total sales less exemptio	ns)				
Taxes Owed: (Taxable rent times 3% or .0	03)				
Penalties for late filing shall be assessed day of the month following the date the t	on payments received after the 30 th tax is due: (10% or .10 times the tax owed)				
Total tax and penalties:		<u> </u>			
Amount paid: (Should equal total tax for t	he quarter plus any penalties)				
I knowingly affirm and declare under the p	enalties of perjury (ORC 2921.14(7) that I ha documentation and is certified, to the best of	ve examined this form, my knowledge, to be true,			
Signature and Title	Date				