

**Portage Township Lodging Excise Tax
Remittance Form**

remit to:

PORTAGE TOWNSHIP FISCAL OFFICER

1398 South Fulton Street

Port Clinton, Ohio 43452

Phone: 419-734-7296 Fax: 419-732-0141

Email: portage@cros.net

Portage Township Lodging Tax Certificate Number:

Lodging Establishment Name:

Address:

Collection Year

Collection Period

- January 1 through March 31 July 1 through September 30
 April 1 through June 30 October 1 through December 31

1	GROSS RENTS FOR THE ABOVE PERIOD		
2	EXEMPT RENTS (permanent guests - stays 30 of consecutive days or more)		
3	OTHER EXEMPTIONS (attach exemption certificate)		
4	TOTAL EXEMPT RENTS (add lines 2 and 3)		
5	TAXABLE RENTS (line 1 less line 4)		
6	3% OF TAXABLE RENTS		
7	LODGING EXCISE TAX COLLECTED		
8	TAX DUE (larger of line 6 or line 7)		
9	ADJUSTMENTS - PREVIOUS PERIOD (attach explanations)		
10	PENALTY FOR LATE FILING (10% if not received before last day of month following close of quarter)		
11	INTEREST (2% per month from tax due date)		
12	TOTAL TAX DUE (total of lines 8 through 11)		

Submit a signed copy of this form along with a check payable to:

PORTAGE TOWNSHIP FISCAL OFFICER

Retain a copy of this form for your records.

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

Name _____

Title _____

Signature _____

Date _____

Notify the **PORTAGE TOWNSHIP FISCAL OFFICER** promptly of any changes in the ownership or name and address.

Revised 03-27-2011