

**Portage Township Lodging Excise Tax  
Remittance Form**

*remit to:*

**PORTAGE TOWNSHIP FISCAL OFFICER  
1398 S. Fulton Street  
Port Clinton, Ohio 43452**

Phone: 419-732-3543 Fax: 419-732-0141  
Email: fiscalofficer@portagetownship.net

Portage Township Lodging Tax Certificate Number:

Lodging Establishment Name:

Address:

Collection Year

Collection Period

- |   |  |
|---|--|
| <input type="checkbox"/> January 1 through March 31 | <input type="checkbox"/> July 1 through September 30   |
| <input type="checkbox"/> April 1 through June 30    | <input type="checkbox"/> 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 TRUSTEES**

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 \_\_\_\_\_

E-Mail \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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