

Tax Return

City of Vandalia, Ohio

HOTEL-MOTEL TAX

Ordinance Chapter 882



Remit to: City of Vandalia
Attn: Income Tax Division
P.O. Box 727
Vandalia, OH 45377-0727

Due on or before the 15th of the following month.
Example: Tax on January rents is due on or before February 15th.

Hotel Name:

Hotel Tax ID Number:

Address:

Phone Number:

Period From: To:

1. Gross Rents	<input type="text"/>
2. Exempt Rents (attach exemption forms)	<input type="text"/>
3. Other Exemptions (attach exemption forms)	<input type="text"/>
4. Total Exemptions	<input type="text"/>
5. Taxable Rents (line 1 less line 4)	<input type="text"/>
6. Tax Due (line 5 * .03)	<input type="text"/>
7. Adjustments - Prior Period (attach explanation)	<input type="text"/>
8. Penalty for late filing (10% per month from date tax due)	<input type="text"/>
9. Interest (See rules and regulations for interest rate per month from tax due)	<input type="text"/>
10. Total Due (add lines 6 through 9)	<input type="text"/>

Submit payment with this return. Make check payable to City of Vandalia.

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

Signature Title

Notify the City of Vandalia, Income Tax Division, promptly of any change in ownership or name or address. (937)-415-2240