

CLARK COUNTY CONVENTION FACILITIES AUTHORITY

20 SOUTH LIMESTONE STREET—SUITE 100

SPRINGFIELD, OHIO 45502

937.325.7621

HOTEL ACCOMODATIONS EXCISE TAX RETURN FORM

Tax for Month of \_\_\_\_\_ Year \_\_\_\_\_ due last day of the following month.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ Springfield, Ohio \_\_\_\_\_

- 
- 1-Gross Receipts (All Hotel & Motel Lodging Furnished Guests) \_\_\_\_\_
  - 2-Exempt Receipts (permanent guest, continuous lodging over 30 days) \_\_\_\_\_
  - 3-Net Taxable Receipts (Line 1 less Line 2) \_\_\_\_\_
  - 4-Tax Due (Enter 4% of Line 3) \_\_\_\_\_
  - 5-Adjustments – Prior Period (attach explanation) \_\_\_\_\_
  - 6-Penalty (10% per month for late return and payment) \_\_\_\_\_
  - 7-Total Tax Due of Lines 4, 5, and 6 \_\_\_\_\_

I hereby certify that the information and statements contained herein and in any schedules or exhibits attached are true and correct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

Mail original along with payment to:

Clark County Convention Facilities Authority  
20 South Limestone Street – Suite 100  
Springfield, Ohio 45502

Please copy forms as needed