



Embraced by nature. ♦ Inspired by progress.

TRANSIENT OCCUPANCY TAX FORM

Name and Address:

Federal Tax ID:

For Calendar Quarter Ended: _____

Line No.	Description	Tax Calculation
1	Gross Room Revenue	\$
2	Room Revenue Exempt from Excise Tax	
	(a) Revenue from Federal, State, & Local Governments	\$
	(b) Rents paid by Permanent Guests	\$
3	Total Exempt Revenue (line 2a plus 2b)	\$
4	Taxable Room Revenue (line 1 minus line 3)	\$
5	Excise Tax Rate	3.00%
6	Transient Occupancy Excise Tax Due (line 4 multiplied by line 5)	\$

Signature: _____ Date: _____

Print Name and Title: _____ Phone: _____

**Quarterly Excise Taxes Payable Must Be Filed and Paid Within Thirty (30) Days
Subsequent to the End of Each Calendar Quarter
(Due dates are January 30, April 30, July 30, and October 30)**

Please Make Checks Payable To Liberty Township Trustees

Remit this form along with payment to:

Liberty Township
5021 Winners Circle
Liberty Township, Ohio 45011