

CITY OF NORWALK, OHIO

TRANSIENT GUEST TAX RETURN

Form may be downloaded
from website www.norwalkoh.com

Phone: (419) 663-6710
Fax: (419) 663-6786

RETURN FOR MONTH OF: _____, 20____

EMPLOYER I.D.# OR SOCIAL SECURITY NUMBER: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

NAME OF RESPONSIBLE PARTY _____

MAILING ADDRESS _____

CONTACT PHONE NUMBER _____

1.	Gross rents for lodging for reportable month	_____
2.	Nontaxable rents -A person or persons occupying a room or rooms over 30 consecutive days	\$ _____
3.	Total Taxable Rents -Line 1, less Line 2	\$ _____
4.	Tax 6% of Line 3	\$ _____
5.	Late filing/late payment penalty -(10%) of Line 4 if filed or paid after the last day of the month following the reporting period	\$ _____
6.	Interest (1.5%) of Line 4 for ____ months or fraction of a month if paid after the last day of the month following the reporting period	\$ _____
7.	TOTAL TAX, PENALTY AND INTEREST DUE	\$ _____

I declare, under penalty of perjury, to the best of my knowledge and belief, the statements herein are complete and correct.

Signature of Taxpayer or Officer of Corporation _____ Date _____

PRINT NAME AND TITLE

TO AVOID PENALTY AND INTEREST:

Return and remittance are due no later than the last day of the following month reported

MAKE CHECKS PAYABLE TO THE CITY OF NORWALK

FORM AND REMITTANCE SHOULD BE RETURNED TO:

**CITY OF NORWALK FINANCE DEPARTMENT
P.O. BOX 30 38 WHITTLESEY AVENUE
NORWALK, OHIO 44857**