

CITY OF CHILLICOTHE
HOTEL TAX COLLECTION REPORT

Date: _____

Business Name: _____

Address: _____

Phone #: _____ Cell # _____ Fax# _____

Email Address: _____

Reporting Period	<u>Due on or Before</u>	<u>After due date</u>
<input type="checkbox"/> May – July	August 31	subject to penalty/interest
<input type="checkbox"/> August – October	November 30	subject to penalty/interest
<input type="checkbox"/> November – January	February 28	subject to penalty/interest
<input type="checkbox"/> February – April	May 31	subject to penalty/interest

I. Total number of rooms rented: _____

Number of rooms exempt from Hotel Tax:

A. Rooms Rented for more than seven consecutive days _____

B. Rooms Rented to person who works or lives in Hotel _____

II. Total Hotel receipts collected for this reporting period: \$ _____

III. Payment amount to City for this reporting period: \$ _____
(5% of the Hotel receipts collected)

IV Add Penalty of 5% if paid after Due Date \$ _____

V Add Interest of 2% per month or fraction thereof \$ _____

VI TOTAL REMITTED: \$ _____

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I, the undersigned, hereby declare that all of the information above is accurate and true.  
I understand that my signature herein does not prevent a claim for refund of any or all of the above amount to be filed within three (3) years from the date of this report. I also understand that the City reserves the right to attest any or all of the information supplied herein and if proven to be incorrect, one or more penalties may apply.

\_\_\_\_\_  
Signature of Business Representative

\_\_\_\_\_  
Date

Received by: \_\_\_\_\_

City Clerk

\_\_\_\_\_  
Date

Cash                       Check # \_\_\_\_\_