



**Finance Department
Short-Term Rental / Hotel-Motel Tax**

PERIOD FROM _____ THRU _____ DUE _____

Returns are due the last day of the month following the month reported

NAME: _____

PHONE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

If new business or change of ownership, indicate starting date: _____

ITEM NO.

1. **TOTAL REVENUE FROM ALL ROOM / UNIT RENTALS** \$ _____

ALLOWABLE DEDUCTIONS

2. Occupancy rent for permanent residents (30 days or more)
(Attach exemption certificates) \$ _____

3. Occupancy rent for authorized federal and/or out-of-state government agencies.
(Attach exemption certificates.) \$ _____

4. Total allowable deductions (Sum of Items #2 & #3) \$ _____

5. Taxable rent (Item #1 less item #4) \$ _____

COMPUTATION OF TAX

6.3% of taxable rent (Item #5) \$ _____

7.Tax collected \$ _____

8.Tax due \$ _____

9.Adjustments (Attach explanation) \$ _____

10.Amount remitted (Larger of item #6 or #7 plus/minus item #9) \$ _____

11.Delinquency penalty (10% per month) \$ _____

12.Interest @1.5% per month or part thereof until paid \$ _____

13.Total due (Sum of items #10, #11 & #12) \$ _____

Under penalties of perjury, I declare that I have examined this return and the records substantiating the above allowable deductions, and to the best of my knowledge and belief, it is true, correct and complete.

Signed _____

Mail to: City of Huber Heights
6131 Taylorsville Road
Huber Heights, OH 45424

Title _____

Make checks payable to the City of Huber Heights

Payment questions can be E-Mailed to AClevenger@hhoh.org