

**CITY OF HARRISON
TRANSIENT OCCUPANCY TAX
QUARTERLY RETURN**

Registration No. _____

Period From _____, 20____ **To** _____, 20____

Name: _____

Address: _____

Kind of Establishment: _____

If new business/change of ownership indicate starting date: _____

Total revenue from all room rentals \$ _____

Deductions:

1. Occupancy rent for non-transient guest _____
2. Occupancy rent for authorized Federal government,
State or City agencies _____
3. Other exemptions (Attach copy of quarterly
exemption certificate) _____
4. Other (non-rent items: food, telephone charges, etc.) _____

Taxable Rent \$ _____

Tax Due – 3% of Taxable Rent \$ _____

Credit or Debt – over or underpayment in prior months \$ _____

Penalty (10%) \$ _____

TOTAL TAX DUE \$ _____

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 _____

By _____

Deliver or mail to Finance Director, 300 George St., Harrison, Ohio 45030. Make checks payable to the “City of Harrison”.

RETURN CALENDAR

April 30th
1st Quarter Due

July 31st
2nd Quarter Due

October 31st
3rd Quarter Due

January 31st
4th Quarter Due

