



# MADISON VILLAGE HOTEL/MOTEL TAX RETURN

(Transient Guest Bed Tax imposed under Madison Village Local Ordinances 35-2007 & 1-2016)

Quarter:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 of 20 _____
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Name of Establishment:			
Street Address:			
City, State, Zipcode			
Owner/Operator:			
Phone Number:		Fed Id #	
Transient Occupancy Registration Certificate #			

1	<b>Gross Rents For This Quarter</b>	\$
2	<b>Less Tax Exempt Rents</b> (Attach Hotel/Motel Exempt Report)	- \$
3	<b>Net Taxable Rents</b> (subtract line 2 from line 1)	\$
4	<b>3% of Net Taxable Rents</b> (multiply line 3 by 3%)	\$
5	<b>Penalty</b> (10% of line 4 if not paid by the due date for this period)	+ \$
6	<b>Interest</b> (1% of line 4 for each month or fraction thereof if tax is not paid within 30 days of due date)	+ \$
7	<b>Prior Period Adjustments + / -</b> (Attach explanation)	+/- \$
8	<b>Tax Due</b> (sum of lines 4 thru 7)	\$

"I hereby certify that the information and statements contained herein and in any attachments of exhibits are true, complete, and correct to the best of my knowledge."

Printed Name of Person  
Completing This Form: \_\_\_\_\_ Title \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_

**MAKE PAYMENT PAYABLE TO: "Madison Village" AND MAIL WITH THIS RETURN TO:**

**Madison Village  
33 East Main St.  
Madison, OH 44057  
440-428-7526**

*Keep a photocopy of this return and any accompanying attachments for your records.  
Please notify the Madison Village Tax Administrator of any change in ownership, name, or address of this establishment.*

