



David Gifford  
 ADAMS COUNTY AUDITOR  
 ADAMS COUNTY, OHIO

# Quarterly Lodging Excise Tax Return

You have received this tax return because you are subject to pay lodging tax under the definitions set forth in Adams County, Ohio Code of Regulations. Please submit this return no later than the stated due date in SECTION 1. If you believe you have no taxable accommodations income to report, you must still complete this return. Failure to submit this return on or before the due date may subject the stated lodging facility in SECTION 1 to penalties, interest and further inquiry or audit.

## SECTION 1

|  |  |
|--|--|
| <b>This section to be filled in by Auditor's office:</b>   |  |
| <b>Taxable period:</b>   | Period of: Oct 1-Dec 31   Jan 1-Mar 31   Apr 1 -Jun 30   Jul 1 - Sep 30<br>of Year _____ |
| <b>Taxable period due date:</b>  | Circle One: Jan 20th   April 20th   July 20th   October 20th<br>of Year _____            |
| <b>Name of lodging facility subject to pay lodging tax under Adams County Code of Regulations:</b> | _____  |
| <b>Address:</b>  | _____  |
| <b>Contact Person(s)</b>   | _____  |
| <b>Contact Phone:</b>  | _____  |

## SECTION 2

In the event you have no taxable lodging income to report please indicate your reason below, then complete SECTION 4 on the reverse side of this return, and submit this return within the above stated taxable period due date. If you have taxable income to report, skip this section (2) and continue to SECTION 3

Check one if applicable:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | The above taxable period had no (zero) guests utilizing my facility. |
| <input type="checkbox"/> | I have permanently closed my facility to guests.                     |

PLEASE CONTINUE TO PAGE 2 ON THE REVERSE SIDE OF THIS RETURN

**SECTION 3**

|   |   |          |
|---|---|----------|
| 1 | Gross receipts from all accommodations during taxable period in SECTION 1. Please see Adams County, Ohio Code of Regulations for definitions of taxable accommodations. | \$ _____ |
| 2 | Receipts for guest(s) living in residence for a period of 30 days or more, or other exempt sales as defined in Adams County, Ohio Code of Regulations.                  | \$ _____ |
| 3 | Line 1 minus Line 2   | \$ _____ |
| 4 | Lodging tax. Enter 3% of Line 3 (Line 3 X 0.03)   | \$ _____ |
| 5 | If this return is being submitted 11 or more days late enter 10% of Line 4. (Line 4 X 0.10)   | \$ _____ |
| 6 | If this return is being submitted over 60 days late please contact the Adams County, Ohio Auditor to include interest.  | \$ _____ |
| 7 | <b>Amount due (add lines 4,5, and 6)</b>  | \$ _____ |

**SECTION 4**

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |                            |      |                           |
|---|----------------------------|------|---------------------------|
| Signature of owner or manager of the above stated lodging facility. | Your Printed Name          | Date | Title.                    |
| Paid Preparer Signature (if applicable)                             | Paid Preparer Printed Name | Date | Firm Name & Phone number. |

Please make check payable to: Adams County Treasurer

Mail original of completed return with remittance no later than the taxable period due date to:

Adams County Auditor  
 110 West Main Street, Room 104  
 West Union, OH 45693

|   |
|---|
| <p><b>This box to be filled in by Auditor's office:</b><br/>                 Person verifying this return: _____ Title _____ Date _____</p> |
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