



CITY OF PICKERINGTON

HOTEL/MOTEL OPERATORS OCCUPANCY TAX RETURN

Remit tax payment **monthly**. Due date is the 20th day of the following month.

HOTEL INFORMATION

HOTEL NAME	
HOTEL ADDRESS	
POINT OF CONTACT NAME	TITLE
PHONE	CONTACT EMAIL

1.	Gross Room Sales for _____ / _____ (Month/Year)	\$
2.	"Exempt Sales" (Copy of Exemption Form Required)	\$
3.	Net Taxable Sales (Line 1 Less Line 2)	\$
4.	Tax Due (Enter 3% of Line 3)	\$
5.	Credit for Debit (Prior Period Over/Under Payment)	\$
6.	Total Tax Due (Total of Line 4 and Line 5)	\$

I DECLARE THAT THE INFORMATION CONTAINED IN THIS RETURN TO THE BEST OF MY KNOWLEDGE IS TRUE, CORRECT AND COMPLETE.

NAME	SIGNATURE	DATE

Make check, draft or money order payable to the City of Pickerington

Mail completed return and copies of Exemption Forms to:

CITY OF PICKERINGTON
 ATTN: FINANCE DEPT.
 100 LOCKVILLE ROAD
 PICKERINGTON, OHIO 43147

See CHAPTER 884 of Pickerington Codified Ordinances

PENALTY FEE OF \$1.00 PER DAY AFTER DUE DATE WILL BE ASSESSED