

**Portage Township Lodging Excise Tax
Remittance Form**

remit to:

PORTAGE TOWNSHIP FISCAL OFFICER

1398 S. Fulton Street
Port Clinton, Ohio 43452
Phone: 419-732-3543 Fax: 419-732-0141
Email: portage@cros.net

Portage Township Lodging Tax Certificate Number:

Lodging Establishment Name:

Address:

Collection Year	Collection Period		
	<input type="checkbox"/> January 1 through March 31	<input type="checkbox"/> July 1 through September 30	
	<input type="checkbox"/> April 1 through June 30	<input type="checkbox"/> October 1 through December 31	

1	GROSS RENTS FOR THE ABOVE PERIOD		
2	EXEMPT RENTS (permanent guests - stays 30 of consecutive days or more)		
3	OTHER EXEMPTIONS (attach exemption certificate)		
4	TOTAL EXEMPT RENTS (add lines 2 and 3)		
5	TAXABLE RENTS (line 1 less line 4)		
6	3% OF TAXABLE RENTS		
7	LODGING EXCISE TAX COLLECTED		
8	TAX DUE (larger of line 6 or line 7)		
9	ADJUSTMENTS - PREVIOUS PERIOD (attach explanations)		
10	PENALTY FOR LATE FILING (10% if not received before last day of month following close of quarter)		
11	INTEREST (2% per month from tax due date)		
12	TOTAL TAX DUE (total of lines 8 through 11)		

Submit a signed copy of this form along with a check payable to:

PORTAGE TOWNSHIP TRUSTEES

Retain a copy of this form for your records.

I hereby certify that the information and statements contained herein and in any attached schedules and exhibits are true and correct to the best of my knowledge.

Name _____
E-Mail _____
Signature _____

Title _____
Date _____

Notify the **PORTAGE TOWNSHIP FISCAL OFFICER** promptly of any changes in the ownership or name and address.