



EXHIBIT "E"

TAXES FOR THE MONTH OF _____/20

TAXES DUE BY _____/21/20

CUYAHOGA COUNTY LODGING OCCUPANCY TAX RETURN

PARCEL NUMBER
*** ----->* - - - - -

TAX DISTRICT\MUNICIPALITY
010\Cleveland - 010

NAME AND ADDRESS OF WHERE TO BE MAILED TO

HOTEL/MOTEL NAME AND ADDRESS

Name of Hotel _____
Address _____
City _____, State _____ Zip _____

Name of Hotel _____
Corporate Name _____
Address _____
City _____, State _____ Zip _____

Attn: Contact Person: _____

IF THE HOTEL HAS CHANGED OWNERSHIP OR CHANGED NAMES, PLEASE INDICATE
DATE _____ OF CHANGE, NAME _____
OF THE NEW OWNERS.

- 1. GROSS ROOM REVENUE FOR THE MONTH \$ _____
- 2. ADJUSTMENTS OR ALLOWANCES TO REVENUE \$ _____
- 3. EXEMPTED ROOM REVENUE (SEE CODE OF REGULATIONS) \$ _____
Attach Hotel/Motel Exemption Report. See Exhibit C
- 4. NET TAXABLE ROOM REVENUE (LINES 1 AND 2 LESS 3) \$ _____
- 5. TAX REVENUE DUE (ENTER 0.055 OF LINE 4) \$ _____
- 6. TOTAL PAYMENT ENCLOSED \$ _____

I KNOWINGLY AFFIRM AND DECLARE UNDER THE PENALTY OF PERJURY {ORC 2921.13(A)(7)}
THAT I HAVE EXAMINED THIS FORM, AND THAT THE RECORDS HEREIN ARE TRUE, CORRECT AND
COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED _____ TITLE _____ DATE _____

**NOTE: THIS FORM MUST BE AN INK SIGNED ORIGINAL AND MUST ACCOMPANY THE PAYMENT DUE IN
OUR OFFICE ON OR BEFORE THE 21st DAY OF THE MONTH, IN ORDER TO AVOID ANY PENALTIES AND
INTEREST FEES.**

KINDLY MAKE YOUR CHECK, DRAFT, OR MONEY ORDER PAYABLE TO:

CUYAHOGA COUNTY TREASURER

MAIL ORIGINAL COPY OF COMPLETE RETURN WITH REMITTANCE TO:

**Cuyahoga County Fiscal Officer
Lodging Bed Tax Dept.
1219 Ontario St. 2nd Floor
Cleveland, Ohio 44113-1021**

**Do not write
Below Official use only**

DATE _____	CHECK# _____
AMOUNT \$ _____	R.R# _____



EXHIBIT 'F'
FINAL RETURN

TAXES FOR THE MONTH OF
/20

TAXES DUE BY
/21/20

CUYAHOGA COUNTY
LODGING OCCUPANCY TAX RETURN

PARCEL NUMBER
*** ----->* - - - - -

TAX DISTRICT\MUNICIPALITY
010\Cleveland - 010

NAME AND ADDRESS OF WHERE TO BE MAILED TO HOTEL/MOTEL NAME AND ADDRESS
Name of Hotel
Address
City, State Zip
Attn: Contact Person:

IF THE HOTEL HAS CHANGED OWNERSHIP OR CHANGED NAMES, PLEASE INDICATE
DATE OF CHANGE, NAME OF THE NEW OWNERS.

- 1. GROSS ROOM REVENUE FOR THE MONTH
2. ADJUSTMENTS OR ALLOWANCES TO REVENUE
3. EXEMPTED ROOM REVENUE (SEE CODE OF REGULATIONS)
4. NET TAXABLE ROOM REVENUE (LINES 1 AND 2 LESS 3)
5. TAX REVENUE DUE (ENTER 0.055 OF LINE 4)
6. TOTAL PAYMENT ENCLOSED

I KNOWINGLY AFFIRM AND DECLARE UNDER THE PENALTY OF PERJURY {ORC 2921.13(A)(7)}
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DATE CHECK#
AMOUNT \$ R.R#