

City of Springdale

Tax Department

Clerk of Council / Finance Director

JEFFREY T. WILLIAMS
Finance Officer / Tax Commissioner

City Administrator

TRANSIENT OCCUPANCY TAX RETURN

FORM TR

FILE WITH:
SPRINGDALE TAX COMMISSION
11700 SPRINGFIELD PIKE
SPRINGDALE, OH 45246

FOR TAX OFFICE
USE ONLY

NAME _____

ADDRESS _____

DATE SPRINGDALE OPERATIONS BEGAN _____

PLEASE INDICATE WHICH PERIOD THIS RETURN IS FOR:

- JAN THRU MAR 20 (DUE APR 30)
- APR THRU JUN 20 (DUE JUL 31)
- JUL THRU SEPT 20 (DUE OCT 31)
- OCT THRU DEC 20 (DUE JAN 31)

SPRINGDALE TRANSIENT OCCUPANCY TAX RETURN

		FOR TAX OFFICE USE ONLY
1. TOTAL REVENUE FROM ALL ROOM RENTALS	\$ _____	
2. ALLOWABLE DEDUCTIONS:		
A. OCCUPANCY PER DIEM (\$2 PER DAY)	\$ _____	\$
B. OCCUPANCY RENT FOR NON-TRANSIENT GUESTS	\$ _____	\$
C. OCCUPANCY RENT FOR AUTHORIZED GOVERNMENT REPRESENTATIVES	\$ _____	\$
D. NON-RENT GUEST CHARGES (FOOD, TELEPHONE, ETC.)	\$ _____	\$
E. TOTAL ALLOWABLE DEDUCTIONS (ADD LINES 2A THRU 2D)		\$
3. TAXABLE ROOM RENTALS (LINE 1 MINUS LINE 2E)		\$
4. SPRINGDALE TRANSIENT OCCUPANCY TAX (3% OF LINE 3)	\$ _____	\$
5. DELINQUENT PENALTY (10% PER MONTH OR PART THEREOF UNTIL PAID)	\$ _____	\$
6. INTEREST (1% PER MONTH OR PART THEREOF UNTIL PAID)	\$ _____	\$
7. TOTAL TAX, PENALTY AND INTEREST AMOUNT DUE	\$ _____	\$

Under penalties of perjury, I declare that I have examined this return and the records substantiating the above allowable deductions, and to the best of my knowledge and belief, it is true, correct and complete.

SUBMITTED BY (PRINT/TYPE NAME) _____

EMPLOYER FID NO. / SPRINGDALE ACCT. NO. _____

TITLE _____

PHONE NUMBER _____

SIGNATURE _____

DATE _____