



Department of Finance

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**RETURN FOR THE PAYMENT OF TRANSIENT OCCUPANCY TAX**

Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Hotel/Motel Name: \_\_\_\_\_

Maumee Address: \_\_\_\_\_

- 1. GROSS RECEIPTS – All hotel & motel lodging furnished to guests \$ \_\_\_\_\_
- 2. EXEMPT RECEIPTS – Permanent guests (anyone with continuous lodging over 30 days – attach a copy of Exemption Certificate) \$ \_\_\_\_\_
- 3. OTHER EXEMPTIONS – Government, etc. (attach a copy of appropriate Exemption Certificate) \$ \_\_\_\_\_
- 4. TOTAL EXEMPT RECEIPTS – Add lines 2 & 3 \$ \_\_\_\_\_
- 5. NET TAXABLE RECEIPTS – Line 1 minus line 4 \$ \_\_\_\_\_
- 6. TAX DUE – Line 5 times 3.0% \$ \_\_\_\_\_
- 7. CREDIT or DEBIT – Over or underpayment in prior months \$ \_\_\_\_\_
- 8. PENALTY – 10% per month for late return filed after the last day of the month following the taxing period \$ \_\_\_\_\_
- 9. INTEREST – 0.50% (one-half percent) per month until paid \$ \_\_\_\_\_
- 10. TOTAL TAX DUE – Sum of lines 6 through 9 \$ \_\_\_\_\_

**Make checks payable to City of Maumee and mail to the address above, or pay electronically at [www.maumee.org](http://www.maumee.org) and then email form to [finance@maumee.org](mailto:finance@maumee.org) .**

I hereby certify that the information and statements contained herein and, in any schedules, or exhibits attached are true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone or email for questions about return: \_\_\_\_\_