LEBANON
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TRANSIENT OCCUPANCY TAX RETURN
DEPARTMENT OF TAXATION

PERIOD: From _____20____ TO _____20____

NAME: _____

ADDRESS: _____

TYPE OF ESTABLISHMENT

Hotel-Motel ☐ Apartment Hotel ☐ Lodging House ☐ Short Term Rental ☐

New Business ☐ or Change of Ownership ☐ Indicate starting date _____

1. TOTAL REVENUE FROM ALL ROOM RENTAL $_____

ALLOWABLE DEDUCTIONS

2. Occupancy rent, permanent residents (30 days or more). $_____
3. Occupancy rent for authorized Federal government, State of Ohio or City agencies. $_____
4. Other (non-rent items – food, telephone charges, etc.). $_____
5. Total allowable deductions, add lines 2 to 4. $_____
6. Taxable rent, subtract line 5 from line 1. $_____

COMPUTATION OF TAX

7. 3% of taxable rent (line 6). $_____
8. Tax collected. $_____
9. Amount remitted (larger of line 7 or 8). $_____
10. Delinquency penalty, 10% per month or fraction thereof. $_____
11. Interest, ½% per month or fraction thereof until paid. $_____
12. Total due (add lines 9, 10, and 11). $_____

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

Signature of taxpayer or agent: _____

RETURN CALENDAR DUE DATES

1st quarter	2nd quarter	3rd quarter	4th quarter
April 30	July 31	October 31	January 31