

CITY OF FRANKLIN
DIVISION OF TAXATION
HOTEL/MOTEL TAX REMITTANCE FORM

BUSINESS NAME:

FID#:

ADDRESS:

PHONE NO:

COLLECTION PERIOD: 20__					
check one					
<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

1	GROSS RECEIPTS	*****	\$
2	EXEMPT RECEIPTS (PERMANENT/CONSECUTIVE GUESTS 30+ DAYS)	-\$	= \$
3	PREVIOUS UNREPORTED RECEIPTS	+\$	= \$
4	NET RECEIPTS	*****	\$
5	TAX DUE (LINE 4 MULTIPLIED BY 3%)	*****	\$

Form completed by: _____
Name Title

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

Signature Phone Number Date

Remittance is due on or before the 15th of the month following the close of each month. Per city ordinance, failure to remit completed form with payment on or before the due date as described, shall incur a late fee of \$10.00 per day until the tax is paid in full.

Make checks payable to: Franklin Division of Taxation Mail to: 1 Benjamin Franklin Way
Franklin OH 45005

Exisetaxform.revised72015