

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

**BUSINESS NAME:**

**ADDRESS:**

**FID#:**

**PHONE NO:**

COLLECTION PERIOD: 20\_\_  
check one

January     February     March     April     May     June  
 July     August     September     October     November     December

<b>1</b>	GROSS RECEIPTS	*****	\$
<b>2</b>	EXEMPT RECEIPTS (PERMANENT/CONSECUTIVE GUESTS 30+ DAYS)	-\$	= \$
<b>3</b>	PREVIOUS UNREPORTED RECEIPTS	+\$	= \$
<b>4</b>	NET RECEIPTS	*****	\$
<b>5</b>	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 15<sup>th</sup> 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