## For Office Use Only

Form HM1000 Return of Hotel Motel Tax City of Moraine

City of Moraine Finance Department 4200 Dryden Road Moraine OH 45439 Tel. (937) 535-1026 Fax (937) 535-1026



For Period of \_\_\_\_\_\_to \_\_\_\_\_Due On Or Before: \_\_\_\_\_Delinquent Date: \_\_\_\_\_ Account Number: \_\_\_\_\_\_ Name: Address: City, State, Zip: \_\_\_\_\_ 1. Gross Receipts (All Hotel/Motel Lodging Furnished Guests)..... 2. Exempt Receipts (Permanent Guests, Continuous Lodging Over 30 Days) ...... 3. Other Exemptions (Attach Exemption Certificates)...... 4. Total Exempt Receipts (Add Lines 2 and 3)..... 5. Net Taxable Receipts (Line 1 Minus Line 4) ...... 6. Tax Due (Line 5 x .03) ..... 7. Adjustments – Prior Period (Attach Explanation) ...... 8. Penalty (10% Per Month For Late Payment)..... 9. Interest (1.5% Per Month For Late Payment) ...... 10. Total Amount Due (Add Lines 6, 7, 8 and 9) ...... Exemptions are not valid unless the exemption certificates are attached along with their required supporting documentation. I hereby certify that the information and statements contained herein and in any schedule of exhibits are true and correct. Title: Printed Name:

NOTIFY THE FINANCE DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS

Signature:

Any person violating any of the provisions of Chapter 183, Hotel and Motel Tax, City of Moraine Codified Ordinances, shall be guilty of a misdemeanor of the third degree and shall be fined not more than \$500 or imprisoned not more than 60 days, or both. Failure to file the required forms and/or failure to pay the Hotel and Motel Tax constitutes a violation of this chapter.

Date: