

CITY OF MANSFIELD OHIO
DEPARTMENT OF FINANCE
TRANSIENT OCCUPANCY TAX FORM

BUSINESS/HOTEL NAME: _____

ADDRESS: _____

PHONE #: _____ FOR THE MONTH OF: _____ YEAR _____

1. TOTAL REVENUE FOR ROOM RENTALS	\$ _____
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ALLOWABLE DEDUCTIONS

2. OCCUPANCY RENT \$5.00 PER DAY OR LESS	\$ _____
3. OCCUPANCY RENT PERMANENT RESIDENT (30 DAYS OR MORE)	\$ _____
4. OCCUPANCY RENT PAID BY FEDERAL, STATE OF LOCAL GOVENMENT (MUST SEND VERIFICATION)	\$ _____
5. NON RENT ITEMS INCLUDED IN LINE 1 (FOOD, PHONE CHARGES ETC.)	\$ _____
6. TOTAL DEDUCTIONS (ADD LINES 2, 3, 4 & 5).....	\$ _____

COMPUTATION OF TAX

7. LINE 1 MINUS LINE 6	\$ _____
8. TAX DUE (3% OF LINE 7)	\$ _____
9. ACTUAL TAX COLLECTED	\$ _____
10. AMOUNT REMITTED (LARGER OF LINE 8 OR LINE 9)	\$ _____
11. DELINQUENCY PENALTY (10% OF TAX DUE)	\$ _____
12. INTEREST (1% PER MONTH OF UNPAID BALANCE UNTIL PAID)	\$ _____
13. TOTAL AMOUNT DUE BY THE 15 TH (ADD LINES 10, 11 & 12)	\$ _____

TAX DUE BY THE 15TH OF EACH MONTH

MAKE CHECKS PAYABLE TO THE CITY OF MANSFIELD AND REMIT TO 30 N DIAMOND ST FINANCE OFFICE MANSFIELD, OHIO 44902

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN AND THE RECORDS TO SUBSTANTIATE THE ABOVE ALLOWABLE DEDUCTIONS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE:

SIGNATURE: _____

TITLE: _____ DATE: _____



City of Mansfield

Linn Steward CPA, Finance Director
30 North Diamond Street – Mansfield, OH 44902

Email: lsteward@ci.mansfield.oh.us – Office: (419)755-9781 Fax-(419)755-9405

8/25/2017

Beginning on September 1, 2017, all deductions claimed on your Transient Occupancy Tax form (lines 2 – 5) will have to be listed on the attached Tax Exempt Detail form.

Any amounts that cannot be verified by this office will not be allowed.

This will be required beginning with the September payment which is due by 10/15/17.

If you have any questions you can contact me @ 419 755 9786.

Mike Schwamberger
Confidential Accountant
City of Mansfield
Finance Office

