



CITY OF CUYAHOGA FALLS
INCOME TAX DEPARTMENT
2310 SECOND STREET
CUYAHOGA FALLS, OHIO 44221-2583
Telephone (330) 971-8220
Fax (330) 971-8219

Transient Accommodations Tax

For calendar quarter ending: _____
Name: _____
Address: _____
City, State, Zip: _____

Pursuant to Chapter 163 COCF each Vendor within the City of Cuyahoga Falls shall remit, by the last day of the month following each calendar quarter, the total amount of tax charged and received for hotel / motel or transient accommodations during the proceeding calendar quarter.

- | | |
|---|----------|
| 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 0.03) | \$ _____ |
| 7. Adjustments – Prior Period – (Attach Explanation.) | \$ _____ |
| 8. Late Payment Penalty (Line 6 X 0.25 if past due) | \$ _____ |
| 9. Interest (Line 6 X 0.0208 per Month past due) | \$ _____ |
| 10 Total Amount Due (Add Lines 6, 7, 8 and 9.) | \$ _____ |

Make check payable to: City of Cuyahoga Falls

I hereby certify that the information and statements contained herein and in any schedule of exhibits are true and correct.

Signature: _____ Title: _____ Date: _____

Printed Name: _____ Phone number: _____

mail form with payment to:
City of Cuyahoga Falls
Income Tax Department
2310 Second Street
Cuyahoga Falls, Ohio 44221