



Village of Russells Point

433 St Rt 708 • PO Box 30
Russells Point, OH 43348
Phone 937-843-2245

**HOTEL AND
SHORT-TERM RENTAL
TAX REPORT**

**Please submit a separate form for each short-term rental location.
Payments may be combined.**

Period of Reporting: _____ to _____

Federal Tax I.D.: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Short-term Rental Address: _____

- 1. Gross Receipts _____
- 2. Exempted Receipts _____
- 3. Net Taxable Revenue (line 1 minus line 2) _____
- 4. Tax Due (line 3 x 6%) _____
- 5. Prior Period Adjustment (attach explanation) _____
- 6. Late Fee Penalty _____
- 7. Total Tax Due (sum of lines 4 thru 6) _____

Under penalties of perjury, I declare that I have examined this return and the records substantiating the above calculations, and to the best of my knowledge and belief, it is true, correct, and complete.

Name _____ Title _____

Signature _____ Date _____

Payments are due by the 15th of the month following the month of collection and must be accompanied by this form. Payments not received by the due date will incur penalties.

Make checks payable to: Village of Russells Point, PO Box 30, Russells Point, OH 43348

Please notify the Fiscal Officer of any change in name, address, or ownership.

All reports are subject to Audit by the Fiscal Officer.