

# CITY OF LANCASTER – HOTEL/MOTEL LODGING TAX RETURN

FOR THE PERIOD ENDING MARCH 31ST  
DUE ON OR BEFORE APRIL 18TH

I hereby certify that the information and statements contained herein and in any schedules or exhibits attached are true and correct.

- 1. Gross Rental Receipts ..... \_\_\_\_\_
- 2. Exemptions (room rentals of 30 days or longer)..... \_\_\_\_\_
- 3. Other Exemptions (certificate must be attached)..... \_\_\_\_\_
- 4. Total Exempt Rents ..... \_\_\_\_\_
- 5. Net Taxable Rent (line 1 minus line 4) ..... \_\_\_\_\_
- 6. Tax Due (3% of line 5) ..... \_\_\_\_\_
- 7. Adjustments (prior period over/under payment) ..... \_\_\_\_\_
- 8. Total Tax Due ..... \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**TITLE** \_\_\_\_\_

PHONE NO. \_\_\_\_\_

THIS RETURN MUST BE FILED  
ON OR BEFORE THE DUE DATE

MAKE CHECK OR MONEY ORDER PAYABLE TO:  
**CITY OF LANCASTER INCOME TAX**

**HOTEL/ MOTEL NAME:** \_\_\_\_\_

**MAIL TO:**  
**CITY OF LANCASTER INCOME TAX DEPARTMENT**  
POST OFFICE BOX 128 LANCASTER, OHIO  
43130-0128 Telephone (740) 687-6606

**HOTEL/ MOTEL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

# CITY OF LANCASTER – HOTEL/MOTEL LODGING TAX RETURN

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FOR THE PERIOD ENDING JUNE 30TH  
DUE ON OR BEFORE JULY 15TH

I hereby certify that the information and statements contained herein and in any schedules or exhibits attached are true and correct.

- 1. Gross Rental Receipts ..... \_\_\_\_\_
- 2. Exemptions (room rentals of 30 days or longer)..... \_\_\_\_\_
- 3. Other Exemptions (certificate must be attached)..... \_\_\_\_\_
- 4. Total Exempt Rents ..... \_\_\_\_\_
- 5. Net Taxable Rent (line 1 minus line 4) ..... \_\_\_\_\_
- 6. Tax Due (3% of line 5) ..... \_\_\_\_\_
- 7. Adjustments (prior period over/under payment) ..... \_\_\_\_\_
- 8. Total Tax Due ..... \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**TITLE** \_\_\_\_\_

PHONE NO. \_\_\_\_\_

THIS RETURN MUST BE FILED  
ON OR BEFORE THE DUE DATE

MAKE CHECK OR MONEY ORDER PAYABLE TO:  
**CITY OF LANCASTER INCOME TAX**

**HOTEL/ MOTEL NAME:** \_\_\_\_\_

**MAIL TO:**  
**CITY OF LANCASTER INCOME TAX DEPARTMENT**  
POST OFFICE BOX 128 LANCASTER, OHIO  
43130-0128 Telephone (740) 687-6606

**HOTEL/ MOTEL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

# CITY OF LANCASTER – HOTEL/MOTEL LODGING TAX RETURN

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FOR THE PERIOD ENDING SEPTEMBER 30TH  
DUE ON OR BEFORE OCTOBER 15TH

I hereby certify that the information and statements contained herein and in any schedules or exhibits attached are true and correct.

- 1. Gross Rental Receipts ..... \_\_\_\_\_
- 2. Exemptions (room rentals of 30 days or longer)..... \_\_\_\_\_
- 3. Other Exemptions (certificate must be attached)..... \_\_\_\_\_
- 4. Total Exempt Rents ..... \_\_\_\_\_
- 5. Net Taxable Rent (line 1 minus line 4) ..... \_\_\_\_\_
- 6. Tax Due (3% of line 5) ..... \_\_\_\_\_
- 7. Adjustments (prior period over/under payment) ..... \_\_\_\_\_
- 8. Total Tax Due ..... \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**TITLE** \_\_\_\_\_

PHONE NO. \_\_\_\_\_

THIS RETURN MUST BE FILED  
ON OR BEFORE THE DUE DATE

MAKE CHECK OR MONEY ORDER PAYABLE TO:  
**CITY OF LANCASTER INCOME TAX**

**HOTEL/ MOTEL NAME:** \_\_\_\_\_

**MAIL TO:**  
**CITY OF LANCASTER INCOME TAX DEPARTMENT**  
POST OFFICE BOX 128 LANCASTER, OHIO  
43130-0128 Telephone (740) 687-6606

**HOTEL/ MOTEL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

# CITY OF LANCASTER – HOTEL/MOTEL LODGING TAX RETURN

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FOR THE PERIOD ENDING DECEMBER 31ST  
DUE ON OR BEFORE JANUARY 16TH

I hereby certify that the information and statements contained herein and in any schedules or exhibits attached are true and correct.

- 1. Gross Rental Receipts ..... \_\_\_\_\_
- 2. Exemptions (room rentals of 30 days or longer)..... \_\_\_\_\_
- 3. Other Exemptions (certificate must be attached)..... \_\_\_\_\_
- 4. Total Exempt Rents ..... \_\_\_\_\_
- 5. Net Taxable Rent (line 1 minus line 4) ..... \_\_\_\_\_
- 6. Tax Due (3% of line 5) ..... \_\_\_\_\_
- 7. Adjustments (prior period over/under payment) ..... \_\_\_\_\_
- 8. Total Tax Due ..... \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**TITLE** \_\_\_\_\_

PHONE NO. \_\_\_\_\_

THIS RETURN MUST BE FILED  
ON OR BEFORE THE DUE DATE

MAKE CHECK OR MONEY ORDER PAYABLE TO:  
**CITY OF LANCASTER INCOME TAX**

**HOTEL/ MOTEL NAME:** \_\_\_\_\_

**MAIL TO:**  
**CITY OF LANCASTER INCOME TAX DEPARTMENT**  
POST OFFICE BOX 128 LANCASTER, OHIO  
43130-0128 Telephone (740) 687-6606

**HOTEL/ MOTEL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_