



Jeff Lehner

ROSS COUNTY AUDITOR
2 N. Paint St., Suite G • Chillicothe, Ohio 45601

OPERATORS OCCUPANCY QUARTERLY TAX RETURN

Name of Establishment _____ For Quarter Ending _____

Address _____

_____ Due On or Before _____

- 1. Total Non-Transient Rooms A _____ Total Non-Transient Guests B _____ 1
- 2. Total Transient Rooms A _____ Total Transient Guests B _____ 2
- 3. Gross Room Sales for Quarter _____ 3
- 4. Exempt Sales Non-Transient Guests and Other Exemptions. _____ 4
- 5. Net Taxable Sales (Line 3 less Line 4) _____ 5
- 6. Tax Due (Enter 4.25% of Line 5) _____ 6
- 7. Credit or Debit (Over or under payment prior months) _____ 7
- 8. Total Tax Due (Total of Lines 6 & 7) _____ 8

I declare that the information contained in this return, to the best of my knowledge, is true, correct and complete.

Signed: _____ Title _____ Date _____

Make Check, Draft or Money Order
Payable to:

Keep a copy for your records and mail
original of completed return to:

Ross County Treasurer

Ross County Auditor's Office
Ross County Courthouse
2 N. Paint St., Suite G
Chillicothe, Ohio 45601