

# RETURN OF LODGING EXCISE TAX

Submit this statement with your payment and make check payable to:



**Kristen M. Scalise CPA, CFE**

**Fiscal Officer, County of Summit**

175 S. Main Street - Room 320

Akron, Ohio 44308

Account Number:		
Transaction Month:		Due Date:
Name:		
Address:		
City	State	Zip Code
1	Gross Rents	
2	Taxable Rents	
3	Tax Rate 5.5 % times Taxable Rents (Line 2)	
4	Payment Adjustments (attach explanation)	
5	Total Payment Due	
<b>Additional Penalty Interest Charges</b>		
6	Late Filing Penalty (10% of Line 5)	
7	Final Amount Due	

I hereby certify that the information is true and accurate for the transaction month so noted on the statement and will notify the Fiscal Officer of any change in ownership, name or address.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return This Copy to the Above Address**

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Taxpayer Copy



**Kristen M. Scalise CPA, CFE**

**Fiscal Officer, County of Summit**

175 S. Main Street - Room 320

Akron, Ohio 44308

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**Taxpayer Copy - Retain for Your Records**