For Office Use Only

Form HM1000 Return of Hotel Motel Tax City of Moraine

City of Moraine Finance Department 4200 Dryden Road Moraine OH 45439 Tel. (937) 535-1026 Fax (937) 535-1026



Fo	r Period ofto	Due On Or Before:	Delinquent Date:
Account Number:			
Name:			
Ac	dress:		
Cit	y, State, Zip:		
1.	Gross Receipts (All Hotel/Motel I	Lodging Furnished Guests)	
2.	Exempt Receipts (Permanent Gu	ests, Continuous Lodging Over 30 Da	nys)
3.	Other Exemptions (Attach Exem	ption Certificates)	
4.	Total Exempt Receipts (Add Line	es 2 and 3)	
5.	Net Taxable Receipts (Line 1 Mir	nus Line 4)	
6.	Tax Due (Line 5 x .03)		
7.	Adjustments – Prior Period (Atta	ach Explanation)	
8.	Penalty (10% Per Month For Lat	e Payment)	
9.	Interest (1.5% Per Month For La	te Payment)	
10	. Total Amount Due (Add Lines 6,	7, 8 and 9)	
Exemptions are not valid unless the exemption certificates are attached along with their required supporting documentation.			
I hereby certify that the information and statements contained herein and in any schedule of exhibits are true and correct.			
	Printed Name:	Title	:
	Signature:	Date	:

NOTIFY THE FINANCE DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS Any person violating any of the provisions of Chapter 183, Hotel and Motel Tax, City of Moraine Codified Ordinances, shall be guilty of a misdemeanor of the third degree and shall be fined not more then \$500 or imprisoned not more than 60 days, or both. Failure to file the required forms and/or failure to pay the Hotel and Motel Tax constitutes a violation of this chapter.