

Form HM1000 Return of Hotel Motel Tax City of Moraine

For Office Use Only

City of Moraine Finance Department
 4200 Dryden Road
 Moraine OH 45439
 Tel. (937) 535-1022
 Fax (937) 535-1275



For Period of _____ to _____ Due On Or Before: _____ Delinquent Date: _____

Account Number: _____

Name: _____

Address: _____

City, State, Zip: _____

- | | |
|---|----------------------|
| 1. Gross Receipts (All Hotel/Motel Lodging Furnished Guests)..... | <input type="text"/> |
| 2. Exempt Receipts (Permanent Guests, Continuous Lodging Over 30 Days)..... | <input type="text"/> |
| 3. Other Exemptions (Attach Exemption Certificates)..... | <input type="text"/> |
| 4. Total Exempt Receipts (Add Lines 2 and 3)..... | <input type="text"/> |
| 5. Net Taxable Receipts (Line 1 Minus Line 4) | <input type="text"/> |
| 6. Tax Due (Line 5 x .03)..... | <input type="text"/> |
| 7. Adjustments – Prior Period (Attach Explanation)..... | <input type="text"/> |
| 8. Penalty (10% Per Month For Late Payment)..... | <input type="text"/> |
| 9. Interest (1.5% Per Month For Late Payment)..... | <input type="text"/> |
| 10. Total Amount Due (Add Lines 6, 7, 8 and 9) | <input type="text"/> |

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.