



March 2021

# Ashtabula County Lodging Tax report



Mail to: Board of Commissioners, 25 West Jefferson St., Jefferson, Ohio 44047

Or Email (attachment) to [jjarco@ashtabulacounty.us](mailto:jjarco@ashtabulacounty.us)

Assistance: (440) 576-3748 / <http://www.ashtabulacounty.us>

Make checks payable to:

## Ashtabula County Commissioners

The county's lodging tax rate is 5 percent and must be collected from every paying guest(s) per room/ per night. Failure to collect the tax does not relieve the operator of responsibility for paying it.

<b>Establishment name:</b>	This report covers the period March 1 to March 31, 2021 Report and payment are due by Apr. 30, 2021. A penalty of 10 percent will be assessed on tax not paid by Apr. 30, 2021. Any penalty due will be deducted from the payment remitted; unpaid taxes are carried over as due items.
<b>Address:</b>	
<b>City, village or township:</b>	
<b>Owner name:</b>	
<b>Owner address:</b>	
<b>Owner email:</b>	
1. How many nights were sold during March 1 to March 31, 2021?	
2. Enter the gross rents paid by guests during: March 1 to March 31, 2021	\$
<b>3. Taxable rents:</b>	\$
<b>4. Multiply line 3 by 5 percent (.05), enter here:</b>	\$
5. Tax and penalties due from prior months:	+\$
6. Penalty if filing after Apr. 30, 2021 (penalties deducted first):	+\$
7. <b>Sum of lines 4-6.</b> This is the amount due with this report:	\$
<b>8. Amount enclosed:</b>	\$

**SPECIAL CONDITIONS:** *If any of these special conditions apply for this reporting period, please check the appropriate box.*

1.  This is my last return for the operating season of 2021. I will resume transient guest service beginning \_\_\_\_\_ and resume filing reports.
2.  The property was converted to a full-time occupancy rental (used by the same occupant(s) for 30 days or longer. I plan to resume transient guest rentals: \_\_\_\_\_.
3.  During the reporting period, family or guests who did not pay for consideration occupied the property. No income was realized from these room nights.
4.  The following special situation existed: \_\_\_\_\_

**Under penalty of perjury I hereby certify the information herein reported is true and that I possess supporting documents to the same. I understand these documents may be audited.**

\_\_\_\_\_

Signed, operator

Print name

Date