



November 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

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.

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

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

- This is my last return for the operating season of 2021. I will resume transient guest service beginning _____ and resume filing reports.
- 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: _____.
- During the reporting period, family or guests who did not pay for consideration occupied the property. No income was realized from these room nights.
- 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