

**Grant K. Daugherty**  
**Coshocton County Auditor**  
**3% Excise Tax on Lodging**

Reporting Month: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If the hotel has changed ownership or changed names, please indicate date of change, name, and address of the new owners.

- |   |          |
|---|----------|
| 1. Gross room revenue for the month                   | \$ _____ |
| 2. Tax revenue due (3% of line 1)                     | \$ _____ |
| 3. 10 % Penalty and Interest (if paid after due date) | \$ _____ |
| 4. Total payment enclosed                             | \$ _____ |

I knowingly affirm and declare under the penalty of perjury [ORC 2921.13(7)] that I have examined this return, and that the records herein are true, correct, and complete to the best of my knowledge and belief.

_____	_____	_____
Signature	Title	Date

Note: This form must be a signed original and must accompany the payment due in our office on or before the 20th day of the month following lodging excise tax collection in order to avoid a 10% penalty and interest fee per ORC 5739.09(A)(1). **This form must be filed even though no tax is due.** Any lodging tax not reported or paid within 90 days from due date will be turned over for prosecution and collection.

**KINDLY MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO:  
JANETTE DONAKER, COSHOCTON COUNTY TREASURER**

Mail original copy of completed form and return with payment to:

Grant K. Daugherty, Coshocton County Auditor  
349 Main Street  
Coshocton, OH 43812