FAIRFIELD OHIO - QUARTERLY RETURN OF TRANSIENT LODGING TAX

pursuant to City of Fairfield Ordiance §49-07.

2009

	JAN	FEB	MAR
1 Gross Reciepts All Hotel & Motel Lodgin furnished to guests			
2 Exempt Reciepts			
a Extended Guests - continous Lodging day 30 and beyond			
b Other Exempts (attach copy of Exemption Certificate)			
3 Total Exempt Reciepts (add lines a and b)			
4 Net Taxable Receipts (Line 1 less Line 3)			
5 Tax Due (Enter 3.0% of line 4)			
6 TAX BALANCE DUE (sum of line 5, for 3 months)			
7 Credit (-) or Debit (+) (from prior Quarter)			
8 TAX BALANCE DUE (sum of Lines 6 and 7)			
9 Penalty (10% of Line 8)			
10 Total Amount Due (sum of Lines 8 and 9)			

10% PENALTY IF RECEIVED AFTER 4/15/2009

Make remittance payable to the City of Fairfield and mail with completed return.
All information, remittances and correspondence regarding this return should be addressed to:

FAIRFIELD INCOME TAX DIVISION
701 WESSEL DR
FAIRFIELD, OH 45014

I hereby certify that the information and statements contained herein and in any schedules or exhibts are true and correct.

(Signature)

(Printed or Type Name of Signator)

(Official Title)

EIN:

ACCOUNT NAME:

ADDRESS:

CITY, STATE & ZIP:

FAIRFIELD OHIO - QUARTERLY RETURN OF TRANSIENT LODGING TAX

pursuant to City of Fairfield Ordiance §49-07.

2009

	APR	MAY	JUN
1 Gross Reciepts All Hotel & Motel Lodgin furnished to guests			
2 Exempt Reciepts			
a Extended Guests - continous Lodging day 30 and beyond			
b Other Exempts (attach copy of Exemption Certificate)			
3 Total Exempt Reciepts (add lines a and b)			
4 Net Taxable Receipts (Line 1 less Line 3)			
5 Tax Due (Enter 3.0% of line 4)			
6 TAX BALANCE DUE (sum of line 5, for 3 months)			
7 Credit (-) or Debit (+) (from prior Quarter)			
8 TAX BALANCE DUE (sum of Lines 6 and 7)			
9 Penalty (10% of Line 8)			
10 Total Amount Due (sum of Lines 8 and 9)			

10% PENALTY IF RECEIVED AFTER 7/15/2009

Make remittance payable to the City of Fairfield and mail with completed return.
All information, remittances and correspondence regarding this return should be addressed to:

FAIRFIELD INCOME TAX DIVISION
701 WESSEL DR
FAIRFIELD, OH 45014

I hereby certify that the information and statements contained herein and in any schedules or exhibts are true and correct.

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EIN:

ACCOUNT NAME:

ADDRESS:

CITY, STATE & ZIP:

FAIRFIELD OHIO - QUARTERLY RETURN OF TRANSIENT LODGING TAX

pursuant to City of Fairfield Ordiance §49-07.

2009

	JUL	AUG	SEP
1 Gross Reciepts All Hotel & Motel Lodgin furnished to guests			
2 Exempt Reciepts			
a Extended Guests - continous Lodging day 30 and beyond			
b Other Exempts (attach copy of Exemption Certificate)			
3 Total Exempt Reciepts (add lines a and b)			
4 Net Taxable Receipts (Line 1 less Line 3)			
5 Tax Due (Enter 3.0% of line 4)			
6 TAX BALANCE DUE (sum of line 5, for 3 months)			
7 Credit (-) or Debit (+) (from prior Quarter)			
8 TAX BALANCE DUE (sum of Lines 6 and 7)			
9 Penalty (10% of Line 8)			
10 Total Amount Due (sum of Lines 8 and 9)			

10% PENALTY IF RECEIVED AFTER 10/15/2009

Make remittance payable to the City of Fairfield and mail with completed return.
All information, remittances and correspondence regarding this return should be addressed to:

FAIRFIELD INCOME TAX DIVISION
701 WESSEL DR
FAIRFIELD, OH 45014

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FAIRFIELD OHIO - QUARTERLY RETURN OF TRANSIENT LODGING TAX

pursuant to City of Fairfield Ordiance §49-07.

2009

	OCT	NOV	DEC
1 Gross Reciepts All Hotel & Motel Lodging furnished to guests			
2 Exempt Reciepts			
a Extended Guests - continous Lodging day 30 and beyond			
b Other Exempts (attach copy of Exemption Certificate)			
3 Total Exempt Reciepts (add lines a and b)			
4 Net Taxable Receipts (Line 1 less Line 3)			
5 Tax Due (Enter 3.0% of line 4)			
6 TAX BALANCE DUE (sum of line 5, for 3 months)			
7 Credit (-) or Debit (+) (from prior Quarter)			
8 TAX BALANCE DUE (sum of Lines 6 and 7)			
9 Penalty (10% of Line 8)			
10 Total Amount Due (sum of Lines 8 and 9)			

10% PENALTY IF RECEIVED AFTER 1/15/2010

Make remittance payable to the City of Fairfield and mail with completed return.
All information, remittances and correspondence regarding this return should be addressed to:

FAIRFIELD INCOME TAX DIVISION
701 WESSEL DR
FAIRFIELD, OH 45014

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(Signature)

(Printed or Type Name of Signator)

(Official Title)

EIN:

ACCOUNT NAME:

ADDRESS:

CITY, STATE & ZIP: