

**THORN TOWNSHIP
PERRY COUNTY, OHIO
TRANSIENT OCCUPANCY TAX FORM**

Name and Address

Federal Tax ID No.

REPORTING PERIOD

CALENDAR YEAR: _____

Semi-Annual- Circle the reporting date in which you are submitting payment

MUST BE FILED AND PAID WITHIN THIRTY (30) DAYS-Subsequent to the End of Each Semi-Annual Calendar Date

Semi-Annual	Reporting Dates	Taxes Due
1	January 1- June 30	July 31
2	July 1 – December 31	January 30

Line Number	Description	Tax Calculation
1	Gross Room Revenue	\$ _____
2	Room Revenue Exempt from Excise Tax	\$ _____
	(a) Revenue from Federal, State, & Local Government	\$ _____
	(b) Rent paid by Permanent Guests	\$ _____
3	Total Exempt Revenue (line 2a plus 2b)	\$ _____
4	Taxable Room Revenue (line 1 minus line 3)	\$ _____
5	Excise Tax Rate	3%
6	Transient Occupancy Excise Tax Due (line 4 multiplied by line 5)	\$ _____

Please Make Checks Payable to Thorn Township Trustees

Remit this form along with payment to:

**Thorn Township
P.O. Box 419
Thornville, Ohio 43076**