

City of  
**MAUMEE**

Department of Finance

400 Conant Street  
Maumee, OH 43537-3380  
Phone (419) 897-7110  
Fax (419) 897-7114  
[finance@maumee.org](mailto:finance@maumee.org)

**RETURN FOR THE PAYMENT OF TRANSIENT OCCUPANCY TAX**

Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Hotel or Taxpayer Name: \_\_\_\_\_

Maumee Address: \_\_\_\_\_

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|--|----------|
| 1. GROSS RECEIPTS – All hotel & motel lodging furnished to guests  | \$ _____ |
| 2. EXEMPT RECEIPTS – Permanent guests (anyone with continuous lodging over 30 days – attach a copy of Exemption Certificate) | \$ _____ |
| 3. OTHER EXEMPTIONS – Government, etc. (attach a copy of appropriate Exemption Certificate)                                  | \$ _____ |
| 4. TOTAL EXEMPT RECEIPTS – Add lines 2 & 3   | \$ _____ |
| 5. NET TAXABLE RECEIPTS – Line 1 minus line 4  | \$ _____ |
| 6. TAX DUE – Line 5 times 3.0%   | \$ _____ |
| 7. CREDIT or DEBIT – Over or underpayment in prior months  | \$ _____ |
| 8. PENALTY – 10% per month for late return filed after the last day of the month following the taxing period                 | \$ _____ |
| 9. INTEREST – 1% (one percent) per month until paid  | \$ _____ |
| 10. TOTAL TAX DUE – Sum of lines 6 through 9   | \$ _____ |

**Make checks payable to City of Maumee and mail to the address above, or pay electronically at [www.maumee.org](http://www.maumee.org) and then email form to [finance@maumee.org](mailto:finance@maumee.org) .**

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone or email for questions about return: \_\_\_\_\_