



Jeff Lehner

ROSS COUNTY AUDITOR
2 N. Paint St., Suite G • Chillicothe, Ohio 45601

OPERATORS OCCUPANCY QUARTERLY TAX RETURN

Name of Establishment _____ For Quarter Ending _____

Address _____

Due On or Before _____

1. Total Non-Transient Rooms A	_____	Total Non-Transient Guests B	_____	1
2. Total Transient Rooms A	_____	Total Transient Guests B	_____	2
3. Gross Room Sales for Quarter	.....	.....	.....	3
4. Exempt Sales Non-Transient Guests and Other Exemptions	.....	.....	.....	4
5. Net Taxable Sales (Line 3 less Line 4)	.....	.....	.....	5
6. Tax Due (Enter 4.25% of Line 5)	.....	.....	.....	6
7. Credit or Debit (Over or under payment prior months)	.....	.....	.....	7
8. Total Tax Due (Total of Lines 6 & 7)	.....	.....	.....	8

I declare that the information contained in this return, to the best of my knowledge, is true, correct and complete.

Signed: _____ Title _____ Date _____

Make Check, Draft or Money Order
Payable to:

Ross County Treasurer

Keep a copy for your records and mail
original of completed return to:

Ross County Auditor's Office
Ross County Courthouse
2 N. Paint St., Suite G
Chillicothe, Ohio 45601