# Transient Occupancy Tax Return

**City of Springdale**

**Tax Department**

JEFFREY T. WILLIAMS  
Finance Officer / Tax Commissioner

Clerk of Council / Finance Director

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**FORM TR**

**FILE WITH:**  
SPRINGDALE TAX COMMISSION  
11700 SPRINGFIELD PIKE  
SPRINGDALE, OH 45246

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**NAME**

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**ADDRESS**

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**DATE SPRINGDALE OPERATIONS BEGAN**

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**PLEASE INDICATE WHICH PERIOD THIS RETURN IS FOR:**

- JAN THRU MAR 20  
  (DUE APR 30)
- APR THRU JUN 20  
  (DUE JUL 31)
- JUL THRU SEPT 20  
  (DUE OCT 31)
- OCT THRU DEC 20  
  (DUE JAN 31)

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### SPRINGDALE TRANSIENT OCCUPANCY TAX RETURN

1. TOTAL REVENUE FROM ALL ROOM RENTALS  
   $  

2. ALLOWABLE DEDUCTIONS:

   A. OCCUPANCY PER DIEM ($2 PER DAY)  
   $  

   B. OCCUPANCY RENT FOR NON-TRANSIENT GUESTS  
   $  

   C. OCCUPANCY RENT FOR AUTHORIZED GOVERNMENT REPRESENTATIVES  
   $  

   D. NON-RENT GUEST CHARGES (FOOD, TELEPHONE, ETC.)  
   $  

   E. TOTAL ALLOWABLE DEDUCTIONS  
   (ADD LINES 2A THRU 2D)  
   $  

3. TAXABLE ROOM RENTALS  
   (LINE 1 MINUS LINE 2E)  
   $  

4. SPRINGDALE TRANSIENT OCCUPANCY TAX  
   (3% OF LINE 3)  
   $  

5. DELINQUENT PENALTY  
   (10% PER MONTH OR PART THEREOF UNTIL PAID)  
   $  

6. INTEREST  
   (1% PER MONTH OR PART THEREOF UNTIL PAID)  
   $  

7. TOTAL TAX, PENALTY AND INTEREST  
   AMOUNT DUE  
   $  

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Under penalties of perjury, I declare that I have examined this return and the records substantiating the above allowable deductions, and to the best of my knowledge and belief, it is true, correct and complete.

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**SUBMITTED BY (PRINT/TYPED NAME)**

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**TITLE**

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**SIGNATURE**

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**EMPLOYER FID NO. / SPRINGDALE ACCT. NO.**

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**PHONE NUMBER**

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**DATE**

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