

**LODGING EXCISE TAX RETURN
JACKSON TOWNSHIP, STARK COUNTY, OHIO**

Tax for month of _____ Year _____ Due Last Day of the Following Month

Gross receipts of lodging accommodations to transients during the month \$ _____

Subtract exempt receipts of permanent guests (continual lodging over 30 days) -\$ _____

Net taxable receipts \$ _____

3% Tax Due on above amount \$ _____

\$1.00 **PER DAY** late penalty if paid after the last day of the month following the report period \$ _____

6% interest penalty on tax paid after the last day of month following the report period \$ _____

TOTAL TAX PAID \$ _____

I declare under penalties of perjury that this return including any accompanying schedules and statements has been examined by me and to the best of my knowledge and belief is a true, correct and complete return and report.

SIGNATURE: _____ DATE FILED: _____

NAME OF BUSINESS: _____

ADDRESS: _____ CITY: _____

CONTACT NAME: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

MAKE CHECKS PAYABLE TO BOARD OF TRUSTEES OF JACKSON TOWNSHIP
Attn: Fiscal Office, 5735 Wales Ave., NW, Massillon, OH 44646
330-832-5886