

FORM HM-4 Return of Hotel Motel Tax City of Dayton

City of Dayton Income Tax
PO Box 8746
Dayton, Oh. 45401-8746
Tele. (937) 333-3500; Fax. (937) 333-4280
www.cityofdayton.org

For Period of _____ To _____

Account Number: _____

Name _____

Address _____

City, State, Zip _____



- 1. Gross Receipts (All Hotel/Motel Lodging Furnished Guests)
- 2. Exempt Receipts (Permanent Guests, Continuous Lodging Over 30 Days)
- 3. Other Exemptions (Attach Exemption Certificates)
- 4. Total Exempt Receipts (Add Lines 2 and 3)
- 5. Net Taxable Receipts (Line 1 Minus Line 4)
- 6. Tax Due (Line 5 x .03)
- 7. Adjustments - Prior Period - (Attach Explanation)
- 8. Penalty (10% Per Month For Late Payment)
- 9. Interest (1% Per Month For Late Payment)
- 10. Total Amount Due (Add Lines 6, 7, 8, and 9)

I hereby certify that the information and statements contained herein and in any schedule of exhibits are true and correct.

Signature _____ Title _____ Date _____

**NOTIFY THE DIVISION
OF REVENUE AND
TAXATION PROMPTLY
OF ANY CHANGE IN
OWNERSHIP OR NAME
AND ADDRESS**

**In the event that your check is returned unpaid for insufficient or uncollected funds,
we may electronically debit your account for the principal amount of the check**