



CITY OF LINDSAY QUARTERLY TRANSIENT OCCUPANCY TAX RETURN

RETURN PERIOD

ENDING: _____

LODGING

NAME: _____

LODGING

ADDRESS: _____

RENTS

1 Gross Rent for occupancy of rooms and / or trailer spaces. \$ _____

ALLOWABLE DEDUCTIONS

2 Rent for occupancy by permanent residents
30 consecutive days \$ _____

3 Rent covered by Government Agency
Exemption Certificates Attached _____

4 Adjustments
Explain on Reverse _____

5 Total allowable deductions
Line 2 + Line 3 + Line 4 _____

6 Taxable Rents
Line 1 – Line 5 _____

7 Tax
Line 6 x 8% _____

8 Penalty
10% for late payment + 10% late beyond 30 days _____

9 Interest
1% per month (or portion of month) past due _____

10 Total amount of Tax, Penalty & Interest due & payable
Line 7 + Line 8 + Line 9 \$ _____

I certify (or declare) under penalty of making a false statement, that to the best of my knowledge and belief, the statements herein re correct and true.

Signed: _____ At: _____

Title: _____ Date: _____