

FORM TL-Transient Lodging Tax City of Canton

Canton City Treasurer

424 Market Ave. N., 4th Floor, Canton, OH 44702

Tele. (330) 489-3261 www.cantonincometax.com



For Period of _____ To _____

Account Number: _____

Name _____

Address _____ City _____ State _____ Zip _____

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

Quarterly remittances due
April 15, July 15, October 15, and January 15.

I hereby certify that the information and statements contained herein and in any schedules or exhibits are true, correct, and complete.

Signature _____ Title _____ Date _____

Email Address _____ Phone _____

**NOTIFY THE CANTON CITY TAX DEPARTMENT
PROMPTLY OF ANY CHANGE IN OWNERSHIP OR
NAME AND ADDRESS**

**KIM R. PEREZ
TREASURER - CITY OF CANTON, OHIO**

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.

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