

Village of Loudonville

Department of Income Tax

156 N. Water Street

P.O. Box 115

Loudonville, OH 44842

Phone: 419-994-3282 Fax: 419-994-3213

Email: loudonvillevillage@neohio.twcbc.com



Account Number: _____

Business: _____

YEAR-END LODGING TAX RECONCILIATION FORM

Tax Year: _____

	Amount Paid
Month of January	
Month of February	
Month of March	
Total 1 st Quarter	

Month of April	
Month of May	
Month of June	
Total 2 nd Quarter	

	Amount Paid
Month of July	
Month of August	
Month of September	
Total 3 rd Quarter	

Month of October	
Month of November	
Month of December	
Total 4 th Quarter	

1. Total Remitted for the Year \$ _____
2. Total Annual Gross Taxable Rents \$ _____
3. 3 % of Taxable Annual Rents (Total Liability) \$ _____
4. Overpayment (If Line 1 is greater than Line 3) \$ _____
5. Additional Tax Due (if line 3 is greater than Line 1) \$ _____

Signature

Date

Phone Number _____

Contact Person _____