COUNTY INNKEEPERS TAX RETURN

SEND FORM AND CHECK TO:

GRANT COUNTY TREASURER
401 S. ADAMS ST.
MARION, IN 46953

TAX I.D. #

FOR TAX PERIOD

GRANT COUNTY

DUE ON OR BEFORE
20TH DAY OF THE MONTH
AFTER THE TAX PERIOD

NAME AND ADDRESS

TOTAL RECEIPTS FROM RENTAL OF ACCOMMODATIONS	A	.
TOTAL EXEMPT RENTAL OF ACCOMMODATIONS	B	.
NET TAXABLE RECEIPTS (SUBTRACT LINE "B" FROM A)	C	.
COUNTY INNKEEPERS TAX DUE 0.05 (5%)	D	.
COLLECTION ALLOWANCE .0083 OF LINE "D"	E	.
NET TAX DUE (SUBTRACT LINE "E" FROM LINE "D") (see below) *	F	.
PENALTY 10% OF TAX DUE PER MONTH IF FILED AFTER DUE DATE	G	.
ADJUSTMENTS ATTACH EXPLANATION	H	.
TOTAL AMOUNT DUE (ADD LINES "F" "G" "H")	I	.

I DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS IS A TRUE, CORRECT AND COMPLETE RETURN.

X _____DATE _____/_____/_____

PHONE NUMBER   _____

AUTHORIZED SIGNATURE

* DO NOT USE LINE E AFTER DUE DATE

EACH MONTH, FILL OUT ONE FORM, TO BE RETURNED TO US, AND KEEP THE OTHER FOR YOUR RECORDS