



3% SHORT TERM RENTAL BED TAX RETURN

TAXES FOR THE MONTH OF _____ Year _____

PARCEL NUMBER: _____

ADDRESS OF SHORT-TERM RENTAL: _____

OWNER NAME AND FULL ADDRESS: _____

1. GROSS ROOM REVENUE FOR THE MONTH \$ _____
2. TAX REVENUE DUE (LINE 1 X .03) \$ _____
3. TOTAL PAYMENT ENCLOSED) \$ _____

I KNOWINGLY AFFIRM AND DECLARE UNDER THE PENALTY OF PERJURY THAT I HAVE EXAMINED THIS RETURN, AND THAT THE RECORDED HEREIN ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED _____ TITLE _____ DATE _____

Make your check/money order payable to:
The City of Brooklyn

Mail this completed form, backup documentation and check to:
City of Brooklyn
Bed Tax Office
7619 Memphis Ave.
Brooklyn, Ohio 44144

MOVING FORWARD. TOGETHER.