



CITY OF CLEVELAND

Parking Occupancy Tax Monthly Remittance Return

Department of Finance
Division of Assessments and Licenses
Cleveland City Hall
601 Lakeside Avenue, Room 122
Cleveland, Ohio 44114
Tel. 216.664.2260

FORM 19621
REV 10-28-2014

PART A. OPERATOR INFORMATION

1A	Operator Legal Name	
1B	Operator Trade Name (if different from legal name)	
2A	Are you a licensed valet parking service by the City of Cleveland, Ohio? <input type="checkbox"/> Yes <input type="checkbox"/> No	2B If you answered yes to item 2A, provide your current valet license number. LUFU _____ - _____

PART B. RETURN INFORMATION

3	Reporting Period (MM-YYYY)	____/____/____
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PART C. SCHEDULE A TOTALS

4	Total number of Schedule A(s) included with this return.	
5	Total number of transactions. (Sum of all Schedule A(s) - line 5.)	
6	Total amount of parking fees charged. (Sum of all Schedule A(s) - line 6.) (Do not include parking taxes collected on this line)	\$
7	Total amount of parking fees refunded. (Sum of all Schedule A(s) - line 7.)	\$
8	Total amount of parking fees charged to patrons claiming a residential exemption. (Sum of all Schedule A(s) - line 8.)	\$
9	Total amount of parking fees charged to patrons claiming a valet exemption. (Sum of all Schedule A(s) - line 9.)	\$
10	Total Net Receipts. (Sum of all Schedule A(s) - line 10.)	\$
11	Total Tax Liability. (Sum of all Schedule A(s) - line 11.)	\$
12	Total payment accompanying this return. (All taxes due MUST be remitted by the twentieth day of the month following the reporting period to avoid penalty and interest charges.)	\$

PART D. PREPARER INFORMATION AND CERTIFICATION

13	Name of person preparing this remittance return.	14	Preparer Telephone Number
15	Name of Fiscal Officer		
16	Fiscal Officer Certification. I hereby certify that to the best of my knowledge the information prepared and contained in this return is complete and accurate. X	17	Date



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SCHEDULE A FORM 19621 REV 10-28-2014

Remittance Return Period: MM / YYYY

PART A. FACILITY INFORMATION

1 Facility Name, 2 Facility Type, 3A Facility Address, 3B Provide the permanent facility license number, 4A Is this facility owned by the Operator, 4B If you answered no to item 4A, provide the Facility Owner's legal name.

PART B. TRANSACTIONS

5 Total number of transactions, 6 Total amount of parking fees charged, 7 Total amount of parking fees refunded, 8 Total amount of parking fees charged to patrons claiming a residential exemption, 9 Total amount of parking fees charged to patrons claiming a valet exemption, 10 Total Net Receipts, 11 Total Tax Liability, 12 Do any of the following apply to this facility.