

MOTOR VEHICLE LESSOR TAX



City of Cleveland
Department of Finance
Division of Assessments & Licenses
601 Lakeside Avenue, Room 122
Cleveland, Ohio 44114-1085
216/664-2260
www.cleveland-oh.gov

DAL FORM # 19803
Revised 01/01/2018

Reporting Period (mo./yr.): _____ FEIN # (Businesses) / SSN # (Individuals): _____

Business Name: _____

Physical Address:

Street _____ City _____ State _____ Zip _____

Mailing Address:

Street _____ City _____ State _____ Zip _____

Line	Description		
Line 1	Number of Motor Vehicle Rentals / Leases in Reporting Period		
Line 2	Tax - Line 1 x \$6.00	\$	
Line 3	Penalty for late filing / late payment - Line 2 X 10%	\$	
Line 4	Interest for late filing / late payment - Line 2 X 2% per month past due	\$	
Line 5	Total Remittance - Add Lines 2, 3 & 4		\$
Line 6	Enclosed Remittance Amount		\$

CERTIFICATION

I hereby certify that the information on this reporting form and statements contained herein, or on any schedules or exhibits attached hereto, if any, are true and correct.

Signed _____ Official Title _____

Printed _____ Telephone Number _____

OFFICIAL USE ONLY

Amount of Tax Due _____

Amount of Tax Received _____

DATE RECEIVED _____

Reconciled by _____

Date _____