

CIT-103

Authorized Signature

*I declare under penalties of perjury that this is a true,
correct and complete return*

Date

Phone

Taxpayer ID Number

For Tax Period

County/Town

Due on or Before

_____ Check if Amended

**Auditor of Starke County
53 E. Mound Street
Knox, IN 46534**

Total Receipts from Rental of Accommodations A. _____

Total Exempt Rentals of Accommodations B. _____

Net Taxable Receipts C. _____

(Subtract Line B from Line A)

County Innkeepers Tax Due (Line C X 0.05) D. _____

Collection Allowance (.72% of Line D)* E. _____

Do Not Use this Line if the Payment is Late

Net Tax Due (Subtract Line E from Line D) F. _____

Penalty is Greater of \$5 or 10% of Line D

(Plus Interest)*

Use this line only if return is filed late G. _____

Adjustment – If this is a negative entry, use a
negative sign. (You Must Attach an Explanation) H. _____

*The 2015 Annual Interest Rate is 3% I. _____

Total Amount Due (Total Line F and G

Plus or minus H)