



3120 Stonecrest Blvd
 Stonecrest, GA 30038
 Phone: 770.244.0200
 Website: www.stonecrestga.gov

HOTEL MOTEL EXCISE TAX REPORTING FORM

Business Name: _____ **Account Number:** _____

Address: _____ **Month/Year Reported:** _____

ALL SECTIONS OF THIS FORM MUST BE FULLY COMPLETED AND THE RETURN SHALL BE FILED EVEN THOUGH NO TAX MAY BE DUE

A. Total Number of Rooms Occupied During This Month _____	1. Gross Room Rentals \$ _____
B. Total Exempt Rooms _____	2. Less Permanent Guest Rentals \$ _____
C. Total Rooms Available This Month (Number of Rooms Time Number Of Days During This Month) _____	3. Taxable Room Rentals \$ _____
D. Occupancy Percentage (A. Divided by B.) _____	4. Tax - 5% Of Line 3 \$ _____
E. Avg. Room Rate This Month _____	5. Penalty – 10% if Past Due 25% Fraud or Intent to Evade \$ _____
	6. Interest - 1% per month or portion thereof time Line 4 \$ _____
	7. Less Collection Fee - 3% Of Line 4 (Only On Timely Returns) \$ _____
	8. Total Amount Due \$ _____
	9. Total Amount Paid \$ _____

This return and payment of the taxes collected during the month shown are due by the 20th day of the next month to avoid a late payment and interest charges.

I hereby certify that the statements made herein and on any supporting documents are true, correct and complete to the best of my knowledge.

 Print Name of Preparer

 Signature of Preparer

 Date

Note: Incomplete forms will be returned to you to be fully completed.

Mail to: 3120 Stonecrest Blvd, Stonecrest, GA 30038

Make check payable to: City of Stonecrest