



3120 Stonecrest Blvd
Stonecrest, GA 30038
770.224.0200
www.stonecrestga.gov

RENTAL MOTOR VEHICLE EXCISE TAX FORM

Month/Year Reported: _____

Business Name: _____

Address: _____

Phone: _____ Email: _____

All sections of this form must be fully completed and the return shall be filled even though no tax may be due. Rental Motor Vehicle Excise Taxes shall be paid on or before the 20th day following the month in which the rental occurs within the City.

- 1. Gross Receipts Subject to Vehicle Rental Tax: \$ _____
- 2. Excise Tax Due (3% of Line 1): \$ _____
- 3. Credits: \$ _____
- 4. Penalty (5% of Tax Due Line 2): \$ _____
- 5. Interest - 1% per month or portion thereof time Line 2: \$ _____
- 6. Less Collection Fee - 3% of Line 2 (only timely returns): \$ _____
- 7. Total Amount Due: \$ _____
- 8. 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 penalty 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
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PLEASE MAKE A COPY FOR YOUR FILE AND RETURN THE ORIGINAL WITH YOUR PAYMENT.

Please return this form with remittance to:

**City of Stonecrest
3120 Stonecrest Blvd
Stonecrest, GA 30038**

Make Check Payable To:

City of Stonecrest