



## HOTEL MOTEL EXCISE TAX REPORTING FORM

**Business Name:** \_\_\_\_\_ **Year Reported:** \_\_\_\_\_

**Business Physical Address:** \_\_\_\_\_ **Month Reported:** \_\_\_\_\_

**Business Mailing Address:** \_\_\_\_\_

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

	1. Gross room rentals	\$ _____
	2. Less permanent guest rentals	\$ _____
A. Total number of rooms occupied during this month	3. Taxable room rentals (Line 2 - Line 1)	\$ _____
B. Total exempt rooms	4. Tax: 8% of Line 3	\$ _____
C. Total rooms available this month (# of rooms times # of days in month)	5. Penalty:	\$ _____
D. Occupancy percentage (Section A divided by Section C)	6. Interest: 3/4 <sup>th</sup> of 1% per month or portion of amonth of Line 4	\$ _____
E. Average daily room rate for the month	7. Vendor Credit or Discount: Subtract 3% of Line 4 ( <u>Only on timely returns</u> )	\$ _____
	8. Unpaid Fees	\$ _____
	9. Total Amount Due	\$ _____

This return and payment of the taxes collected during the month shown above 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 on my knowledge.

Print Name of Preparer \_\_\_\_\_ Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

**ATTACH A COPY OF YOUR GEORGIA SALES & USE TAX RETURN FOR THE REPORTING PERIOD**  
**PLEASE MAKE A COPY FOR YOUR FILE AND RETURN THE ORIGINAL WITH YOUR PAYMENTS.**

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

**Make check payable to:** City of Oakwood  
**Mail Check and Form to:** City of Oakwood  
 Attn: Hotel Motel Taxes  
 PO Box 99  
 Oakwood, GA 30566