



210 RAILROAD STREET
THOMSON, GA 30824
706-595-2109

HOTEL/MOTEL TAX REPORT FOR MONTH/YEAR: _____

Lodging establishment: _____

Address: _____ Manager: _____

Number of rooms: _____ Occupancy rate: _____

County account number: _____

- Gross Rent paid for lodging \$ _____
- Non-Taxable Rent (must equal a plus b below) \$ _____
 - A. Stays >30 continuous days \$ _____
 - B. Other non-taxable rent \$ _____
- Net Taxable Rent (subtract Line 2 from Line 1) \$ _____
- Tax (___% of Line 3) \$ _____
- Vendor's Credit (deduct 3% of Line 4, if not delinquent) \$ _____
- Penalty (add 5% of Line 4, or \$5, whichever is greater, for every month or fraction thereof Line 4 is delinquent; but not more than 25% or \$25.00, whichever is greater) \$ _____
- Interest (add 1% compounded for each month or fraction thereof Line 4 is delinquent) \$ _____

Total Amount Due \$ _____

I declare under penalties prescribed that the information provided in this return is true and correct to the best of my knowledge.

Signed _____

Title _____

Month _____ Day _____ Year _____

Please note: You MUST provide a copy of the same month's Georgia Sales and Use Tax report. Without it, your report is NOT complete, and will be returned to you.

*This return must be filed by the 20th of the month following the month for which the tax is due to avoid loss of collector's compensation and payment of penalty and interest.
This return is subject to audit.*