



## HOTEL/MOTEL TAX REPORT

NAME OF HOTEL/MOTEL \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_ SALES TAX # \_\_\_\_\_

REPORT FOR CALENDAR MONTH ENDING (DATE) \_\_\_\_\_ TOTAL ROOMS FOR RENT \_\_\_\_\_

1. GROSS CHARGE FOR OCCUPANCY OF ROOMS \$ \_\_\_\_\_

2. DEDUCTIONS FOR PERMANENT RESIDENTS OF 30  
CONTINUOUS DAYS OR MORE \$ \_\_\_\_\_

3. TAXABLE RENTS: LINE 1 MINUS LINE 2 \$ \_\_\_\_\_

4. TAX DUE (4% OF LINE 3) \$ \_\_\_\_\_

5. COMPUTATION OF INTEREST & PENALTY FOR LATE REPORT

(a) INTEREST 12% PER ANNUM \$ \_\_\_\_\_  
(DAILY RATE IS .000328 OF LINE 4)

(b) PENALTY 1% PER MONTH OR FRACTION THEREOF \$ \_\_\_\_\_

(c) TOTAL INTEREST & PENALTY \$ \_\_\_\_\_

6. LESS 2% COMPENSATION FOR OWNER(S)/OPERATOR(S) FOR THE REMITTANCE  
OF TAX DUE ON LINE 4 IF NOT DELINQUENT \$ \_\_\_\_\_

7. TOTAL TAX DUE WITH THIS REPORT \$ \_\_\_\_\_

**IMPORTANT:** TAXPAYER MUST FILE RETURN EVEN IF NO TAX IS DUE TO THE CITY OF ATHENS.  
THIS RETURN MUST BE FILED BY THE 20TH OF THE MONTH FOR THE PRECEDING MONTH.

**MAKE CHECK PAYABLE TO: CITY OF ATHENS**  
**MAILING ADDRESS: 815 NORTH JACKSON STREET**  
**ATHENS, TENNESSEE 37303**  
**(423) 744-2710**

I declare under penalty of perjury that this return (including any accompanying statements) has been examined by me to the best of my knowledge and belief, and is a true, correct and complete return.

Signed \_\_\_\_\_ Title \_\_\_\_\_  
(Owner, President, Partner or Authorized Representative)

Date \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

THIS LINE FOR OFFICIAL USE ONLY.

RECEIPT NUMBER \_\_\_\_\_