

CITY OF SHELBYVILLE, TENNESSEE

OCCUPANCY TAX RETURN

MONTH _____, 20____

NAME(S) OF OWNER(S) _____ NAME OF BUSINESS _____

STATE SALES TAX ACCOUNT NO. _____ ADDRESS _____

PHONE NO. _____ NO. OF ROOMS _____ CITY _____ ZIP CODE _____

1. GROSS RENTAL RECEIPTS FROM OCCUPANCY OF ROOMS..... \$ _____
2. LESS: ALLOWABLE DEDUCTIBLE AND/OR EXCLUDABLE RECEIPTS..... \$ _____
3. TAXABLE RECEIPTS (LINE 1 LESS LINE 2)..... \$ _____
4. TAX DUE (7% OF LINE 3)..... \$ _____
5. OPERATOR'S COMPENSATION:
DEDUCT 2% IF LINE 4 (ALLOWABLE ONLY IF RETURN IS
FILED AND TAX IS PAID BY DUE DATE)..... \$ _____
COMPUTATION OF INTEREST AND PENALTY APPLIED TO
TAX DUE FOR DELINQUENT RETURN:
6. INTEREST @ 12% PER ANNUM FROM DATE DELINQUENT
PAID..... \$ _____
7. PENALTY @ 1% PER MONTH OR FRACTION THEREOF THAT
TAXES ARE DELINQUENT..... \$ _____
8. TOTAL INTEREST AND PENALTY (ADD LINES 6 & 7)..... \$ _____
9. TOTAL TAX DUE CITY OF SHELBYVILLE
(LINE 4 LESS LINE 5 IF NOPT DELINQUENT)
(LINE 4 PLUS LINE 8 IF DELINQUENT)..... \$ _____

MAKE REMITTANCE PAYMENT TO:
CITY OF SHELBYVILLE
FORWARD WITH ORIGINAL COPY OF RETURN TO:
CITY TREASURER
P. O. BOX 185
SHELBYVILLE, TN 37162

RETURN AND REMITTANCE MUST BE IN THE ABOVE OFFICE BY THE CLOSE OF BUSINESS ON THE 20TH DAY OF THE MONTH FOLLOWING THE MONTH FOR WHICH THIS REPORT IS SUBMITTED.

Under the penalty of perjury prescribed by law, I swear (or affirm) that this return (including any related schedules, statements, and/or other documents) is, to the best of my belief and knowledge, a true, correct and complete return.

Signed _____ Title _____ Date _____