CITY OF ELBERTON
FINANCE DEPARTMENT
230 N. McINTOSH STREET
ELBERTON, GEORGIA 30635
(706) 213-3100

HOTEL/MOTEL OCCUPANCY TAX REPORT

Instructions: This report and payment is due between the first and twentieth day of each month following the period for which the return is being filed. Please provide the daily room revenue totals on the back of this form. Retain one copy of this return for your records. Checks should be payable to the CITY OF ELBERTON and mailed with this return to 230 N. McINTOSH ST., ELBERTON, GA 30635. This report must be signed.

NAME OF BUSINESS _____

BUSINESS LOCATION _____

MAILING ADDRESS _____

PHONE NUMBER _____

REPORT FOR THE MONTH OF _____

1. Gross Room Rentals	$ _____
2. LESS: Permanent Guest Rentals	$ _____
3. LESS: Exemptions	$ _____
4. Taxable Rentals	$ _____
5. Tax (6% of Line 4)	$ _____
6. LESS: Collection fee (3% of Line 5, if the return and tax due is received by the due date)	$ _____
7. Penalty***	$ _____
8. Total payment due (Sum of Lines 5 - 7)	$ _____

INDIVIDUAL PREPARING REPORT (Please print): _____

TITLE: _____

SIGNATURE: _____

DATE: _____

*** *Penalty*: If payment is not made by the twentieth day of the month following the period for which this return is being filed, penalty should be reported on Line 7 and no Collection fee should be claimed on Line 6. *Penalty* is equal to 5% of the gross tax due (Line 5) or $5.00, whichever is greater, if payment is made within 30 days of the due date. An additional 5% of the gross tax due or $5.00, whichever is greater, should be added to the tax for each additional 30 days or fraction of 30 days during which the failure to pay continues. The penalty for any single violation shall not exceed 25% of the gross tax due or $25.00, whichever is greater.

DAILY TOTAL ROOM REVENUE

The total room revenue for the month should be equal to the amount reported on Line 1 of the first page of this return. You may omit completing this page if you have attached another document showing the daily total room revenue.

DATE	TOTAL ROOM REVENUE	DATE	TOTAL ROOM REVENUE

ADJUSTMENTS FOR MONTH: _____

TOTAL ROOM REVENUE (Equal to Line 1): _____