



LAWRENCEVILLE

GWINNETT • METRO ATLANTA

HOTEL / MOTEL OCCUPANCY TAX REPORTING FORM

DUE DATE: 20TH OF EACH MONTH

REPORTING PERIOD: _____
(Month, Year)

BUSINESS NAME: _____

ADDRESS: _____

8% Tax effective October 1, 2009.

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Report Rent In Even Dollars

Gross Room Rent _____

Less Rent From Permanent Residents _____

Less Exempt Rent _____

NET Taxable Rent _____

Amount of Tax @ 8% _____

Less 3% of tax as Collection Fees** _____

Penalty** _____

NET AMOUNT DUE _____

****Taxpayers filing this report after the 20th shall not be entitled to the operator collection fee. Any delinquent tax due shall bear interest for the deficient reporting period at the rate of 1% of the tax due plus a penalty charge of 15% of the amount of the tax due.**

MAKE CHECK PAYABLE TO *CITY OF LAWRENCEVILLE* AND MAIL TO:
CITY OF LAWRENCEVILLE H/M TAX
P. O. BOX 2200
LAWRENCEVILLE, GA 30046

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I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature

Date

Print Name

Phone #

Title

Mailing Address