



LAWRENCEVILLE

GEORGIA

HOTEL / MOTEL OCCUPANCY TAX REPORTING FORM

DUE DATE: 20TH OF EACH MONTH REPORTING PERIOD: _____

BUSINESS NAME: _____

ADDRESS: _____

8% Tax effective October 1, 2009.

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

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	