LAWRENCEVILLE
GEORGIA

HOTEL / MOTEL OCCUPANCY REPORTING FORM

Due Date: 20th of each Month Reporting Period: _____
(Month, Year)

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(1)	_____
Interest(2)	_____
Penalty(3)	_____
Net Amount Due	_____

(1) Taxpayers filing this report after the 20th shall not be entitled to the operator collection fee.
(2) Interest rate is 0.007% per month or portion of month.
(3) Penalty to be added to the tax in the amount of 5 percent or $5.00, whichever is greater, if the failure is for not more than 30 days and an additional 5 percent or $5.00, whichever is greater, for each additional 30 days or fraction of 30 days during which the failure continues.

- Make checks payable to **"City of Lawrenceville"**
- Mail to:

  City of Lawrenceville H/M Tax
  P O Box 2200
  Lawrenceville, Georgia 30046-2200

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 Email Address

_____
Mailing Address