

**HOTEL MOTEL EXCISE TAX REPORTING FORM**

Note: Incomplete forms will be returned to you to be fully completed.

Business Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Month/Year Reported: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

ALL SECTIONS OF THIS FORM MUST BE FULLY COMPLETED AND THE RETURN SHALL BE FILED EVEN THOUGH NO TAX MAY BE DUE

		1. Gross Room Rental	_____
A. Total Number of Rooms Occupied During This Month	_____	2. Less Permanent Guest Rentals	_____
B. Total Exempt Rooms	_____	3. Taxable Room Rentals	_____
C. Total Rooms Available This Month (Number of Rooms Times Number of Days During This Month)	_____	4. Tax - 5% of Line 3	_____
D. Occupancy Percentage (A. divided by B.)	_____	5. Penalty - 10% if Past Due 25% Fraud or Intent to Evade	_____
E. Average Room Rate This Month	_____	6. Interest - 1% per month or portion thereof time Line 4	_____
		7. Less Collection Fee - 3% of Line 4 (Only Timely Returns)	_____
		8. Total Amount Due	_____
		9. Total Amount Paid	_____

This return and payment of the taxes collected during the month shown are due by the 20th day of the next month to avoid a late payment penalty and interest charges.

I hereby certify that the statements made herein and on any supporting documents are true, correct and complete to the best of my knowledge.

_____	_____	_____
Printed Name of Preparer	Signature of Preparer	Date

**PLEASE MAKE A COPY FOR YOUR FILE AND RETURN THE ORIGINAL WITH YOUR PAYMENT.**

Please return this form with remittance to:  
**City of Brookhaven ATTN: Excise Tax**  
**4362 Peachtree Rd.**  
**Atlanta, GA 30319**

Make Check Payable To:  
**City of Brookhaven**