City of Brookhaven

4362 Peachtree Rd
Atlanta GA 30319
Main (404) 637-0500
Fax (404) 637-0501

RENTAL MOTOR VEHICLE 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 filled even though no tax may be due. Rental Motor Vehicle Excise Taxes shall be paid on or before the 20th day following the month in which the rental occurs within the City.

1. Gross Receipts Subject to Vehicle Rental Tax: $ _____

2. Excise Tax Due (3% of Line 1): $ _____

3. Credits: $ _____

4. Penalty (5% of Tax Due Line 1): $ _____

5. Interest - 1% per month or portion thereof time Line 1: $ _____

6. Less Collection Fee - 3% of Line 1 (only timely returns): $ _____

7. Total Amount Due: $ _____

8. 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