



# CITY OF FOREST PARK, *GEORGIA*

## ROOM OCCUPANCY TAX

NAME OF HOTEL/MOTEL \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

THIS REPORT IS DUE AND PAYABLE ON THE 20<sup>TH</sup> DAY OF THE MONTH FOLLOWING THE MONTH OF COLLECTION. IF THE 20TH DAY FALLS ON OTHER THAN A BUSINESS DAY, THE REPORT SHALL BE DUE ON THE FOLLOWING WORK DAY.

IF ANY OWNER OR OPERATOR SHALL FAIL TO MAKE ANY RETURN OR PAY THE FULL AMOUNT OF THE TAX REQUIRED, THERE SHALL BE IMPOSED A PENALTY TO BE ADDED TO THE TAX IN THE AMOUNT OF 5% OR \$5.00 (WHICH EVER IS GREATER) IF THE FAILURE IS FOR NOT MORE THAN TEN DAYS OR FRACTION THEREOF DURING WHICH THE FAILURE CONTINUES.

REPORT FOR THE MONTH OF \_\_\_\_\_

NUMBER OF ROOMS \_\_\_\_\_

GROSS ROOM RENT \_\_\_\_\_

LESS EXEMPT RENT \_\_\_\_\_

NUMBER OF ROOMS EXEMPT \_\_\_\_\_

NET TAXABLE RENT \_\_\_\_\_

AMOUNT OF TAX @ 3% \_\_\_\_\_

LESS 3% OF TAX AS COLLECTION FEE \_\_\_\_\_

AMOUNT OF PENALTY \_\_\_\_\_

NET AMOUNT DUE \_\_\_\_\_

REMIT PAYMENT TO:  
CITY OF FOREST PARK  
P.O. BOX 69  
LICENSE DEPARTMENT  
FOREST PARK, GEORGIA 30298

I, THE UNDERSIGNED, DECLARE UNDER PENALTIES PRESCRIBED, THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

OWNER OF DESIGNATED AGENT RESPONSIBLE FOR THIS REPORT \_\_\_\_\_