



## ROOM OCCUPANCY TAX

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

DATE \_\_\_\_\_

ADDRESS OF HOTEL/MOTEL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

This report is due and payable on the 20<sup>th</sup> day of the month following the month of collection. If the 20<sup>th</sup> day falls on other than 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 1% per month.

Report for the month of \_\_\_\_\_

Number of rooms \_\_\_\_\_

Gross room rent \_\_\_\_\_

Less Exempt Rent \_\_\_\_\_

Number of rooms exempt \_\_\_\_\_

Net taxable rent \_\_\_\_\_

Amount of tax @ 8% \_\_\_\_\_

Less 3% of tax as collection fee \_\_\_\_\_

Amount of penalty \_\_\_\_\_

Net Amount Due \_\_\_\_\_

I, the undersigned, declare under penalties prescribed, that the information contained in this document is true and correct to the best of my knowledge.

X \_\_\_\_\_

Owner of designated agent responsible for this report's signature

CITY HALL • 745 FOREST PARKWAY, FOREST PARK, GA 30297

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