



## Hotel Motel Excise Tax Return

Business Name: \_\_\_\_\_ Month/Year Reporting: \_\_\_\_\_

Address: \_\_\_\_\_

Complete all sections even if no tax may be due:

A. Total number of rooms occupied during this month	_____	F. Gross room revenue	_____
B. Total exempt rooms	_____	G. Less exempt guest revenue	_____
C. Total rooms available this month	_____	H. Taxable room rentals	_____
D. Occupancy percentage	_____	I. Tax: 8% of line 3	_____
E. Average daily room rate this month	_____	J. Penalty: 10% of past due amount	_____
		K. Interest: 1% per month	_____
		L. Less collection fee: 3% of Line I	_____
		<b>M. Total amount due</b>	_____

**This return and payment are due by the 20<sup>th</sup> 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

Enclose with check and mail to: **City of Decatur**  
Attn: Finance Office  
PO Box 220  
Decatur, GA 30031