

JEFFREY E. TURNER  
CHAIRMAN  
SONNA SINGLETON-GREGORY  
DISTRICT 1  
GAIL B. HAMBRICK  
DISTRICT 2  
SHANA M. ROOKS  
DISTRICT 3  
MICHAEL L. EDMONDSON  
DISTRICT 4

**Community Development Department**  
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[www.claytoncountyga.gov/departments/community-development](http://www.claytoncountyga.gov/departments/community-development)



PATRICK ELKE  
DIRECTOR

## Hotel/Motel Tax Report Form

**ALL SECTIONS MUST BE COMPLETED AND RETURN MUST BE SIGNED. FILE RETURN EVEN THOUGH NO TAX IS DUE. Return and payment are due on the 20<sup>th</sup> day of the month following the end of the previous month.**

<b>Business Name:</b>	<b>License No.</b>

<b>Business Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Unit/Suite #</b>

<b>Owner's Name:</b>

<b>Owner's Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Unit/Suite #</b>

<b>A. Total number of rooms occupied during the month</b>	
<b>B. Total number available</b>	
<b>C. Percent of Occupancy (A. Divided by B.)</b>	
<b>D. Average room rate</b>	\$

<b>1. Gross Room Rentals</b>	\$
<b>2. Permanent Guest Rentals</b>	\$
<b>3. Taxable rentals (line 1 less line 2)</b>	\$
<b>4. TAX – 8% of line 3</b>	\$
<b>5. Less Collection Fee (3% of line 4)</b>	\$
<b>6. Penalty and/or Interest</b>	\$
<b>7. TOTAL PAYMENT</b>	\$

**I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signature of preparer/title

\_\_\_\_\_  
Signature of owner or agent

\_\_\_\_\_  
Date

**NOTICE: IF ALL INFORMATION IS NOT COMPLETE, REPORT WILL BE RETURNED AND LATE PENALTY ASSESSED.**