

CITY OF COLUMBIA, TENNESSEE TAX REPORT

HOTEL/MOTEL OR ANY PLACE IN WHICH ROOMS, LODGING OR ACCOMODATIONS ARE FURNISHED TO TRANSIENTS FOR A CONSIDERATION

IMPORTANT: THIS TAX MUST BE PAID NO LATER THAN THE 20TH DAY OF EACH MONTH FOR THE PRECEDING MONTH TO AVOID PENALTY AND INTEREST.

TAX PERIOD FROM _____ **THROUGH** _____

NAME OF HOTEL/MOTEL, ETC: _____

LOCATION: _____

(Street Address)

(City)

(State)

(Zip Code)

NAME OF OWNER(S): _____

TELEPHONE NUMBER: _____

NUMBER OF ROOMS/SPACES FOR OCCUPANCY: _____

NUMBER OF PERMANENT RESIDENTS: _____

1. GROSS RECEIPTS FOR OCCUPANCY OF ROOMS/SPACES \$ _____

2. DEDUCT AMOUNT FOR PERMANENT RESIDENTS OF 30 OR MORE CONTINUOUS DAYS \$ _____

3. NET TAXABLE RECEIPTS (LINE 1 MINUS LINE 2) \$ _____

4. TAX DUE (5% OF LINE 3) \$ _____

5. PENALTY: 1% FOR EACH MONTH OR FRACTION THEREOF SUCH TAXES ARE DELIQUENT. \$ _____

6. INTEREST: 12% PER ANNUM FROM DUE DATE \$ _____

7. LESS 2% COMPENSATION FOR OWNER/OPERATOR FOR THE REMITTANCE OF TAX DUE ON LINE 4 \$ _____

TOTAL TAX DUE WITH THIS REPORT \$ _____

I DECLARE UNDER PENALTY OF PERJURY THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNED: _____ TITLE: _____

**PLEASE MAKE CHECKS PAYABLE TO: CITY OF COLUMBIA
MAILING ADDRESS: 700 NORTH GARDEN ST., COLUMBIA, TN 38401**

FOR OFFICE USE ONLY

DATE PAID: _____ RECEIPT NUMBER: _____