

CITY OF MARIETTA
Business License Division, 205 Lawrence St., P. O. Box 609
Marietta, GA 30061 Telephone (770) 794-5520

Hotel/Motel Occupancy Tax Reporting Form

Account #:

Location:

- | | |
|--|-----------|
| 1. For the Month Ending: (Enter month/day/year) | 1. _____ |
| 2. Gross Rent | 2. _____ |
| 3. Exclusions | 3. _____ |
| 4. Taxable Rent (Line 2 minus Line 3) | 4. _____ |
| 5. Occupancy Tax (8% of Line 4) | 5. _____ |
| 6. Deduction * Only if timely (3% of Line 5, not to exceed \$25) | |
| Timely? ☐ | 6. _____ |
| 7. Subtotal (Line 5 minus Line 6) | 7. _____ |
| 8. Penalty (10% of Line 5, if postmarked after due date ☐) | 8. _____ |
| 9. Interest (Line 5 X 1% X number of months or any part thereof) | |
| Number of months _____ | 9. _____ |
| 10. Total Due (Sum of Lines 7, 8 and 9) | 10. _____ |

Is the above referenced business a hotel or motel in which fifty percent or greater of all guest rooms have facilities for both the storage, refrigeration, and preparation of food, and/or which are advertised, designed, or utilized for weekly or monthly occupancy? Check one Yes ☐ or No ☐

What is the percentage of individual guests who register, reside in, or occupy any room or rooms for more than a 90-day period? _____%

***This report must be filed and paid by the 20th day of the month following the period for which the tax is due. Take deduction only if timely filed and paid as evidenced by postmark of United States Postal Service.**

I certify that this return, including the accompanying schedules or statements, has been examined by me and is, to the best of my knowledge and belief, a true and complete return made in good faith for the period stated. This the _____ day of _____, 20____

Return prepared by: _____ Title: _____

Signature: _____ Telephone: _____