

Print Form

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

Rental Motor Vehicle Excise Tax Reporting Form

Account #:

Location:

- | | |
|---|-----------|
| 1. For the Month Ending: (Enter month/day/year) | 1. _____ |
| 2. Gross Receipts | 2. _____ |
| 3. Exclusions | 3. _____ |
| 4. Taxable Receipts (Line 2 minus Line 3) | 4. _____ |
| 5. Excise Tax (3% of Line 4) | 5. _____ |
| 6. Collection Allowance* Only if timely (3% of Line 5) Timely? ☐ | 6. _____ |
| 7. Subtotal (Line 5 minus Line 6) | 7. _____ |
| 8. Penalty (5% of Line 5, if postmarked after due date ☐) | 8. _____ |
| 9. Interest (Line 5 X 1% X number of months or any part thereof ¹) | 9. _____ |
| 10. Total Due (Sum of Lines 7, 8 and 9) | 10. _____ |

***This report must be filed and paid by the 20th day of the month following the period for which the tax is due. Take collection allowance 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: _____