CITY OF ACWORTH
4415 CENTER STREET
ACWORTH, GA 30101
Attn: City Clerk's Office

SHORT TERM RENTAL TAX COLLECTION FORM

Short Term Rental Tax Report for Month Ending: _____

1. **GROSS RENTALS:** **$**_____
2. **LESS PERMANENT GUEST RENTALS:** **$**_____
   (Revenue from first **30** consecutive days per guest is taxable and not eligible for deduction)
3. **LESS EXEMPTIONS:** **$**_____
   (From Govt. Officials or Charitable Organizations)
4. **TAXABLE RENTALS: (LINE 1, LESS LINES 2 & 3)** **$**_____
5. **TAX: (8% of LINE 4)** **$**_____
6. **LESS COLLECTION FEE:** (3% of LINE 5, if the return and applicable tax due is received by the due date) $_____
7. **PENALTY:** (10% of gross tax due per month, or fraction thereof, from the first day after the close of the monthly period for which the tax is due until the date of payment) $_____
8. **INTEREST**: (1% of gross tax due per month, or fraction thereof, from the first day after the close of the monthly period for which the tax is due until the date of payment) $_____
9. **TOTAL PAYMENT: (LINE 5, LESS LINE 6, PLUS LINES 7 & 8)** **$**_____

PAYMENT MUST BE REMITTED BY THE 20TH DAY OF THE MONTH FOR THE PRECEDING MONTH DUE. Payment methods include cash, check, or credit card (with a convenience fee of 2.95%)

I certify that the statements made herein and any supporting documents are true, correct and complete to the best of my knowledge. (Detailed records supporting all exemptions must be maintained for three (3) years for audit purposes.)

SIGNATURE: _____ **DATE:** _____

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CONTACT INFORMATION:

Business Name: _____

Owner: _____ **Title:** _____

Rental Address: _____

Home Address: _____

Business Phone: _____ **Alternate:** _____

Email Address: _____

***Report changes of ownership or address to City of Acworth Customer Service/Business License Division.**