

CITY OF PORTERDALE, GA
OCCUPANCY TAX FORM

Business Name: _____

FEIN: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Reporting Period: _____

Due Date: _____

Nights Rented: _____

Number of Units: _____

1.	Total Receipts	
2.	Exemptions	
3.	Total Taxable Receipts (Line 1 - Line2)	
4.	Total Amount of Tax Due (___% of Line 3)	
5.	Less Collection Allowance (___% of Line 4)	
6.	Penalty	
7.	Interest	
8.	TOTAL TAX AMOUNT DUE (Lines 4-5+6+7)	

I declare that all information contained herein and any accompanying schedules of documents are to the best of my knowledge, true, correct and complete.

Please Print Name

Signature

Date