CITY OF MABELTON, GEORGIA
Hotel - Motel Occupancy Excise Tax Report Form

NAME OF BUSINESS_____ **PHONE** _____

BUSINESS LOCATION_____

MAILING ADDRESS_____

REPORT FOR THE MONTH OF_____, 20_____

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a. This report is due between the 1st & 20th day of the month following the period for which the return is being filed.
b. Report changes of ownership or address to the City immediately to: revenue@mableton.gov
c. Prepare this report in duplicate and retain one copy.
d. Detailed records supporting all exemptions must be maintained for three years for audit purposes.

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1. GROSS RENTALS	$_____
2. LESS PERMANENT GUEST RENTALS	$_____
3. LESS EXEMPTIONS (MABLETON CODE OF ORDINANCES CH. 7, SEC. 7.5.4)	$_____
4. TAXABLE RENTALS (LINE 1, LESS LINES 2 & 3)	$_____
5. TAX (8% OF LINE #4)	$_____
6. LESS COLLECTION FEE (3% OF LINE #5, ONLY IF THE RETURN AND APPLICABLE TAX DUE IS RECEIVED BY THE CITY 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)	$_____

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THIS REPORT MUST BE SIGNED

I certify that the statements made herein and any supporting documents are true, correct and complete to the best of my knowledge.

_____ / _____ Phone #_____
Signature and Title of Individual Preparing Report Date

Submit payment by ACH (Automated Clearing House) to the City at:

Name of Taxing Authority: City of Mableton, Georgia
Receiving Bank Name: Truist Bank
ABA (Routing) Number: 061113415
Account Number: 1110034571051
Name on Bank Account: City of Mableton

Email Hotel-Motel Occupancy Excise Tax Report Form to: revenue@mableton.gov