

**CITY OF ROYSTON
OFFICE OF CITY CLERK
684 FRANKLIN SPRINGS STREET
ROYSTON, GA 30662
706-245-7232**

HOTEL/MOTEL OCCUPANCY TAX REPORT FORM

NAME OF BUSINESS: _____

BUSINESS LOCATION: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

REPORT FOR THE MONTH OF: _____

- I. This report is due between the first and twentieth day of each month following the period of which the return is being filed.
 - II. Report changes of ownership or address immediately.
 - III. Prepare this report in duplicate and retain one copy.
 - IV. Please provide the daily room revenue totals on the back of this form.
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1. Gross Room Rentals	\$ _____
2. Less Permanent Guest Rentals	\$ _____
3. Less Exemptions	\$ _____
4. Taxable Rental	\$ _____
5. Tax (3% of line 4)	\$ _____
6. Plus penalty (1.5% of gross tax due per day from the first day after the close of the monthly period for which the tax is due until the date of payment)	\$ _____
7. Total Payment	\$ _____

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

SIGNATURE OF INDIVIDUAL PREPARING REPORT: _____ **DATE:** _____ **TITLE:** _____

PHYSICAL ADDRESS: _____

Note: Please make checks payable to: City of Royston
684 Franklin Springs Street
Royston, GA 30662