

**EXCISE TAX RETURN  
MOTEL AND HOTEL ROOMS  
CITY OF THOMASVILLE, GEORGIA**

**PLEASE PRINT**

\_\_\_\_\_ (Date)

For the Month\* of \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Ga. Sales Tax No. \_\_\_\_\_

Manager's Name \_\_\_\_\_ Number of Rooms \_\_\_\_\_

- |   |          |
|---|----------|
| 1. Gross Rent for the Month                               | \$ _____ |
| 2. Less Rent From Permanent Residents                     | \$ _____ |
| 3. Taxable Rent (Line 1 Minus Line 2)                     | \$ _____ |
| 4. Amount of Tax Due (8% of Line 3)                       | \$ _____ |
| 5. Less 3% Discount for payment by the 20 <sup>th</sup> * | \$ _____ |
| 6. Total Due City (Line 4 Minus Line 5)                   | \$ _____ |

Room number(s) of permanent residents \_\_\_\_\_

I (we) do solemnly swear, subject to criminal penalties for false swearing, that the above information is true and correct.

\_\_\_\_\_  
(Signature)

RETURN THIS FORM TOGETHER WITH YOUR CHECK FOR THE AMOUNT SHOWN ON LINE 4, PAYABLE TO THE CITY OF THOMASVILLE PRIOR TO THE 20<sup>TH</sup>\* OF THE MONTH.

City of Thomasville  
P. O. Box 1540  
Thomasville, GA 31799

**ALL INFORMATION ON THIS FORM IS STRICTLY CONFIDENTIAL**

Sworn to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

\*PENALTY OF 10% OF THE TAX PLUS INTEREST ON THE UNPAID TAX OR ANY PORTION THEREOF AT THE RATE OF 1% PER MONTH FROM THE 20<sup>TH</sup> DAY OF THE MONTH FOLLOWING THE MONTHLY PERIOD FOR WHICH THE PAYMENT IS DUE.  
Code Sec. 18-122(b)