

**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 (5% of Line 3) | \$ _____ |
| 5. Less 3% Discount for payment by the 20 th * | \$ _____ |
| 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 20TH OF THE MONTH.

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

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 20TH DAY OF THE MONTH FOLLOWING THE MONTHLY PERIOD FOR WHICH THE PAYMENT IS DUE.
Code Sec. 18-122(b)