

**COUNTY OF DOUGLAS**  
**HOTEL/MOTEL EXCISE TAX RETURN**  
**FOR THE MONTH OF**

-----, 20-----

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1. Total receipts for occupancy rent	\$ _____
2. Less Exemption (Over thirty (30) days)	\$ _____
3. Less Georgia's State & Local Government Officials and their Employees, who are on official business.	\$ _____
4. Subtotal	\$ _____
5. Taxable Rent (8% x Line 4)	\$ _____
6. Operator's collection deduction (3% x Line 5)	\$ _____
7. Total Motel Excise Tax due with this return. (Line 5 minus line 6)	\$ _____

**Note:** This return is due on the **20<sup>th</sup> of the month** following the taxable monthly period.

**Remit Tax Payments to:** Douglas County Occupational Tax  
8700 Hospital Drive  
Douglasville, Georgia 30134

Under penalty of perjury, I declare that I have examined this return and accompanying schedules and statements, if any, and to the best of my knowledge and belief, they are true, correct and complete.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Hotel/Motel:** \_\_\_\_\_