

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 **20Th 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: _____