



4800 Ashford Dunwoody Road
Dunwoody, Georgia 30338
dunwoodyga.gov | 678.382.6700

Hotel Motel Excise Tax Reporting Form

Business Name: _____ Account Number: _____

Business Address: _____ Month/Year Reported: _____

Email: _____ Bus. Phone/Fax: _____

All sections of this form must be fully completed and the return shall be filed even though no tax may be due. Hotel/Motel Excise Taxes shall be paid on or before the 20th day following the month in which the occupancy occurs within the City.

A. Total Number of Rooms Occupied During This Month: _____	1. Gross Room Rentals: _____	\$ _____
B. Total Exempt Rooms: _____	2. Less Permanent Guest Rentals: _____	\$ _____
C. Total Rooms Available This Month (number of rooms times number of days during this month): _____	3. Taxable Room Rentals: _____	\$ _____
D. Occupancy Percentage (A. divided by B.): _____	4. Tax – 8% of Line 3: _____	\$ _____
E. Average Room Rate This Month: _____	5. Penalty – 10% if Past Due 25% Fraud or Intent to Evade: _____	\$ _____
	6. Interest – 1% per month or portion thereof time Line 4: _____	\$ _____
	7. Less Collection Fee – 3% of Line 4 (only on timely returns): _____	\$ _____
	8. Total Amount Due: _____	\$ _____
	9. Total Amount Paid: _____	\$ _____

This return and payment of the taxes collected during the month shown are due by the 20th day of the next month to avoid a late payment and interest charges.

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

Printed Name of Preparer: _____ Date: _____

Signature: _____

PLEASE MAKE A COPY FOR YOUR FILE AND RETURN THE ORIGINAL WITH YOUR PAYMENT.

Note: Incomplete forms will be returned to you to be fully completed.

Please return this form with remittance to:

City of Dunwoody
ATTN: Finance and Administration
4800 Ashford Dunwoody Road
Dunwoody, GA 30338

Make Checks Payable To:

City of Dunwoody