REVENUE DEPARTMENT
HOTEL/MOTEL OCCUPANCY TAX RETURN

Business Name: ____________________________  License Number: ____________________________
Business Address: ____________________________  Account Number: ____________________________
Business City State Zip: ____________________________

Month of ____________________________

Businesses which operate a hotel, motel, inn, lodge, tourist camp, tourist cabin, bed and breakfast, and any other place in which rooms, lodging or accommodations are provided for value are required to pay business occupation taxes to the City of Sandy Springs. These same businesses are also required to collect from each person occupying a room a tax of 7% of the charges for the accommodations. The tax is collected monthly on a calendar year basis. The taxes due are to be remitted on or before the 20th of the month succeeding collection. When paid timely, the licensee may deduct and retain three percent (3%) of the tax collected as a vendor's credit. For failure to pay by the due date, the licensee not only loses vendor's credit, but is subject to paying a penalty and interest on the tax due. The penalty is 5% per month or fraction thereof not to exceed 25% and interest of one percent (1.0%) per month or fraction thereof that the tax is delinquent.

This return is subject to audit:

1. Gross rent $ ____________________________
   permanent residents stay is taxable $ ____________________________

2. Tax (7% of line 2) x $ ____________________________

3. Vendor's Credit (deduct 3% of amount on line 3, if not delinquent) - $ ____________________________

4. Penalty (add 5% of line 3 for each month or fraction thereof, if delinquent not to exceed 25%) +$ ____________________________

5. Interest (add 1.0% for each month of fraction thereof line 3, if delinquent) +$ ____________________________

TOTAL AMOUNT DUE $ ____________________________

I DECLARE UNDER PENALTIES PRESCRIBED THAT THE INFORMATION PROVIDED IN THIS RETURN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Printed Name ____________________________  Date ____________________________
Signed ____________________________  Title ____________________________
Contact Phone ____________________________  Fax ____________________________

Please return original with remittance to City of Sandy Springs, Revenue Dept., 1 Galambos Way, Sandy Springs, Georgia 30328. Mailed return must be postmarked on or before the 20th of the month.