



**Hotel/ Motel Occupancy Tax**

Month/ Year Reporting: \_\_\_\_\_ / \_\_\_\_\_

Business Name: \_\_\_\_\_ Bus. Address: \_\_\_\_\_

Bus. Phone/ Fax: \_\_\_\_\_ Occ. Tax Certificate No: \_\_\_\_\_

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

Report rent in even dollar amounts:

Gross Room Rent: \_\_\_\_\_

Less Room Rent: \_\_\_\_\_

Less Exempt Rent: \_\_\_\_\_

Net Taxable Rent: \_\_\_\_\_

Amount of Tax (8%): \_\_\_\_\_

Less 8% of tax as collection fee: \_\_\_\_\_

New Amount Due: \_\_\_\_\_

**\*This return is subject to audit.**

*I hereby certify, under penalties prescribed, that the statements made herein and on any supporting documentation are true, correct and complete to the best of my knowledge.*

Preparer's Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**RETURN:**  
City of Doraville  
3725 Park Avenue  
Doraville, Georgia 30340

**STAFF USE:**  
Received By: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Report Complete?: Yes  No