



Department of Planning & Sustainability
Division of Business Licensing
178 Sams Street, Decatur, GA 30030
(404) 371-2461

HOTEL MOTEL EXCISE TAX REPORTING FORM

Business Mailing Address:

Two blank lines for mailing address

Business Physical Address:

Two blank lines for physical address

Business Name: _____

Business Number: _____

Excise Number: _____

Year Reported: _____

Month Reported: _____

ALL SECTIONS OF THIS FORM MUST BE FULLY COMPLETED AND THE FORM FILED EVEN THOUGH NO TAX MAY BE DUE.

Table with 2 columns: Description and Amount. Rows include: 1. Gross room rentals, 2. Less permanent guest rentals, 3. Taxable room rentals, 4. Tax: 8% of Line 3, 5. Penalty: 10% of Line 4 if past due, 6. Interest: 1% per month or portion of a month of Line 4, 7. Ontime Payment Discount: Subtract 3% of Line 4, 8. Unpaid Fees, 9. Total Amount Due.

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

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

Print Name of Preparer Signature of Preparer Date

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

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

Email Form to: Excisetax@dekalbcountyga.gov (allow up to 5 days for fees to post to account for Online payment)

Make payment Online at: https://dekalbga-ws01.cloud.infor.com/IPSPProdDP/Views/AgencyLogin.aspx or

Make check payable to: DeKalb County Revenue and License

Mail Check and Form to: Department of Planning & Sustainability Division of Business Licensing PO Box 100020 Decatur, GA 30031-7020

Scan Below

