D
DeKalb County

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

HOTEL MOTEL EXCISE TAX REPORTING FORM

Business Mailing Address:	Business Name:	
Business Physical Address:	Business Number: Excise Number: Year Reported: Month Reported:	
ALL SECTIONS OF THIS FORM MUST BE FULLY	COMPLETED AND THE FORM FILED EVEN THOUGH NO TA	AX MAY BE DUE.
	1. Gross room rentals	\$
	2. Less permanent guest rentals	\$
A. Total number of rooms occupied during	3. Taxable room rentals (Line 2 - Line 1)	\$
B. Total exempt rooms	4. Tax: 8% of Line 3	\$
C. Total rooms available this month (# of rooms times # of days in month)	5. Penalty: 10% of Line 4 if past due 25% if fraud or intent to evade	\$
D. Occupany percentage (Section A divided by section C)	6. Interest: 1% per month or portion of a month of Line 4	\$
E. Average daily room rate for the month	7. Ontime Payment Discount: Subtract 3% of Line 4 (Only on timely returns)	\$
	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 return	ed to you to be fully completed.	
Email Form to: Excisetax@dekalbcou	ntyga.gov (allow up to 5 days for fees to post to accou	unt for Online payment)
Make payment Online at: https://del	albga-ws01.cloud.infor.com/IPSProdDP/Views/Agen	cyLogin.aspx or Scan Below
Make check payable to: DeKalb Coun	ty Revenue and License	TEL ASSAULT
Mail Check and Form to: Departmen	t of Planning & Sustainability	2000 B
Business Lie	ense Division	
PO Box 100	020	2006-002

PO Box 100020 Decatur, GA 30031-7020