

LUMPKIN COUNTY HOTEL/MOTEL TAX REPORT FORM

INSTRUCTIONS: THIS REPORT MUST BE FILED AND THE TAX PAID BY THE 20TH OF THE MONTH FOLLOWING THE MONTH IN WHICH THE TAX WAS COLLECTED TO AVOID LOSS OF VENDOR'S COMPENSATION, AND THE ASSESSMENT OF PENALTIES AND INTEREST. A COPY OF YOUR CORRESPONDING MONTH'S GEORGIA DEPARTMENT OF REVENUE SALES AND USE TAX REPORT FORM ST-3) MUST BE ATTACHED TO THIS REPORT BEFORE IT CAN BE CONSIDERED COMPLETE.

BUSINESS NAME: _____

GEORGIA SALES TAX NUMBER: _____

LUMPKIN COUNTY BUSINESS LICENSE NUMBER: _____

THIS REPORT COVERS TAX COLLECTED DURING THE MONTH OF: _____, 20____

COMPUTATION OF AMOUNT TO BE REMITTED

- Line 1 \$ _____ Gross Rental Proceeds
Line 2 \$ _____ Less Exempt Proceeds (Do not levy Hotel/Motel Tax for categories of occupants specifically listed as "exemptions" in Paragraph 6 of Lumpkin County Ordinance 89.2, as amended December 22, 2003. Attach an explanation of exemptions used to account for any amount entered on this line.)
Line 3 \$ _____ Net Taxable Proceeds (Subtract Line 1 from Line 2)
Line 4 \$ _____ 5% Lodging Occupancy Tax (Line 3 times .05)
Line 5 \$ _____ Less Vendor's 3% Compensation for Collection (Line 4 times .03, or 0 if not paid By the 20th of the month.
Line 6 \$ _____ Tax due Lumpkin County (Subtract Line 5 from Line 4)
NOTE: IF NO LATE PAYMENTS, ENTER \$0 ON LINES 7 & 8 AND PROCEED TO LINE 9
Line 7 \$ _____ Late Payment Penalty (Line 6 times .015)
Line 8 \$ _____ Interest on Late Payment (Amount overdue times .085 compounded monthly until paid.)
Line 9 \$ _____ Total Tax, Penalty and Interest to be Paid (Add Lines 6,7, & 8)

Please make check for amount on Line 9 payable to the Lumpkin County Board of Commissioners and forward with a copy of this report and your corresponding month's Georgia Department of Revenue Sales and Use Tax Report (Form ST-3) to:

Lumpkin County Board of Commissioners, Attn: County Clerk, 99 Courthouse Hill, Suite A, Dahlonega, GA 30533.

STATEMENT: I DO HEREBY DECLARE UNDER PENATLY OF LAW THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE: _____ SIGNATURE: _____

TITLE: _____