

LUMPKIN COUNTY DELINQUENT HOTEL/MOTEL TAX REPORT FORM

INSTRUCTIONS: THIS FORM MUST BE COMPLETED IF THE REPORT IS NOT FILED AND THE TAX IS NOT PAID BY THE 20TH OF THE MONTH. 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

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|--|----------|
| 1. Estimated Gross Rental Proceeds | \$ _____ |
| 2. Estimated Exemptions | \$ _____ |
| 3. Estimated Net Taxable Proceeds (Line 1 minus Line 2) | \$ _____ |
| 4. Estimated 5% Lodging Occupancy Tax (Line 3 times .05) | \$ _____ |
| 5. Late Payment Penalty (Line 4 times .05 or \$5.00, whichever is greater if 30 days or less. Each additional 30 days or fraction for a single violation shall not exceed 25% or \$25.00, whichever is greater.) | \$ _____ |
| 6. Interest on Late Payment (Line 4 times .085) | \$ _____ |
| 7. Non-Filing Penalty (\$25 for every month late) | \$ _____ |
| 8. Total to be Paid (Tax, Penalty and Interest) (Total of Lines 4, 5, 6, and 7) | \$ _____ |

Please make check for amount on Line 8 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 Finance Department, Attn: Accounts Receivable, 99 Courthouse Hill, Suite D, Dahlonega, GA 30533 706-482-2655

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

DATE: _____ SIGNATURE: _____

TITLE: _____