

HOTEL/MOTEL TAX REPORT

IMPORTANT: Return must be filed and paid by the 15th of each month following the period for which the tax is due. There will be levied a penalty at the rate of 2% per month or fraction thereof, on any portion not paid when due as provided for in O.C.G.A. § 48-13-52. OPERATORS MUST FILE A TIMELY RETURN EVEN THOUGH NO TAX IS DUE.

**COUNTY OF UPSON
106 E. LEE ST. SUITE 110
THOMASTON, GA 30286
(706)-647-7012**

Hotel/Motel Tax for calendar month of _____, _____

Business Name _____

Business Address: _____

IF THERE IS ANY CHANGE IN TRADE NAME, ADDRESS OR OWNERSHIP, SO INDICATE IN THE SPACE PROVIDED BELOW AND PLACE AN "X" IN THE BOX TO THE RIGHT()

1. Gross Rental Proceeds

2. Exempt Rentals

3. Net Taxable Rentals

4. Tax Due (5% of Line 3)

5. Operator's Compensation (3% of Line 4)

6. Amount Due-(Line 4 minus Line 5)

7. Penalty (2% / month or fraction)

8. Total Due for Current Month (Line 6 + 7)

Pay Amount on Line 8 – Make check payable to the **County of Upson**

For any change of trade name, address, ownership or telephone number check proper box(es) and furnish applicable information below:

- () New business location _____
- () New trade Name _____
- () New mailing address _____
- () Telephone No. _____
- () Date business discontinued _____

I certify that this return has been examined by me and is to the best of my knowledge and belief, a true and complete return, made in good faith, for the period stated.

This _____ day of _____, _____

Signature

Operator's Georgia Sales Tax Registration Number