



Phone: (404) 637-0479 • Email: revenue@brookhavenga.gov
City of Brookhaven • 4362 Peachtree Rd • Brookhaven, GA 30319

Account Number: _____

BUSINESS NAME: _____

ADDRESS: _____

This space is for changes which have occurred since the last submitted report. If the business has been sold, indicate the new owner's name, mailing address and date of sale.

Instructions: Select the applicable filing period and complete the information below for your Hotel Occupancy Tax. When payment is mailed, the envelope must be postmarked on or before the due date for the applicable filing period to avoid additional penalties and/or interest. If you are filing for more than one filing period, please complete a separate return for each period.

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December YEAR: 20____

Due Date: Must be postmarked on or before the 20th day of the month following each period.

(Example: March taxes are due on or before April 20th)

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

A. Total Number of Rooms Occupied During This Month: _____

Internal Code (1561 31-81)

1. Gross Room Rental: _____

2. Less Exempt Rooms: _____

B. Total Exempt Rooms: _____

3. Taxable Room Rentals: _____

C. Total Rooms Available This Month: _____

(Number of Rooms Times Number of Days During This Month)

Internal Code (1561 31-80)

4. Tax - 8% of Line 3: _____

Internal Code: (1561 30-11)

5. Penalty - 10% if Past Due: _____

25% Fraud or Intent to Evade

D. Occupancy Percentage: _____

(A. divided by C.)

6. Interest - 1% per month or

portion thereof times Line 4: _____

E. Average Room Rate This Month: _____

7. Less Collection Fee - 3% of

Line 4 (Only Timely Returns): _____

8. Total Amount Due: _____

9. Total Amount Paid: _____

Make check payable to "Tax Trust Account"

I declare the information contained herein, including any exhibits attached hereto, is true and correct to the best of my knowledge.

Taxpayer's/Paid Preparer's Signature

Date Signed

Telephone

Fax

Printed Name

Email

FEIN