## City of Brookhaven

4362 Peachtree Rd Brookhaven, GA 30319 Main (404) 637-0500 Fax (404) 637-0501

## RENTAL MOTOR VEHICLE EXCISE TAX REPORTING FORM

Note: Incomplete forms will be returned to you to be fully completed.

Business Name:  Address:  Phone:	Account Number:  Month/Year Reported:  Email:	
All sections of this form must be fully completed may be due. Rental Motor Vehicle Excise Taxes sthe month in which the ren	hall be paid on or before the 2	_
1. Gross Receipts Subject to Vehicle Rental Tax:	\$	
2. Excise Tax Due (3% of Line 1):	\$	0.00
3. Credits:	\$	
4. Penalty (5% of Tax Due Line 1):	\$	0.00
5. Interest - 1% per month or portion thereof time Line	ı: \$	0
6. Less Collection Fee - 3% of Line 1 (only timely returns)	; \$	0.00
7. Total Amount Due:	\$	0.00
8. Total Amount Paid:	\$	
This return and payment of the taxes collected during to month to avoid a late payment penalty and interest characteristic likely certify that the statements made herein and or complete to the best of my knowledge.	arges.	•
Printed Name of Preparer	Signature of Preparer	Date

PLEASE MAKE A COPY FOR YOUR FILE AND RETURN THE ORIGINAL WITH YOUR PAYMENT.

Please return this form with remittance to:
City of Brookhaven ATTN: Excise Tax
4263 Peachtree Rd Brookhaven Ga 30319

Make Check Payable To: