



CITY OF DARIEN
P.O. BOX 452
DARIEN, GA 31305

NAME OF HOTEL/ MOTEL: _____

HOTEL/MOTEL TAX REPORT FOR PERIOD OF _____

1. Number of rooms or other units of accommodations.....
 2. Total charges for above (excluding charges for telephone food/ beverage service if any.....)
 3. Number of rooms or other units of accommodation furnished to the same Occupant (s) for a period exceeding ten (10) consecutive days.....
 4. Number of rooms exempt from hotel/motel tax.....
 5. Charges for line 3 and 4 above.....
 6. Taxable Charges (line 2 minus line 5).....
 7. Gross Tax (5% of line 6).....
 8. Dealer's Compensation (3% of line 7).....
 9. Specific penalty (5% Gross Tax or \$5, whichever is greater, for each 30 days of delinquency, not to exceed 25% of the Gross Tax or \$25 each in the aggregate, whichever is greater).....
 10. INTEREST (8% per annum from date due until paid).....
 11. AMOUNT DUE
- (Make remittance payable to CITY OF DARIEN)

CERTIFICATION

I CERTIFY THAT THIS RETURN, INCLUDING ANY ACCOMPANYING SCHEDULES OR STATEMENTS, HAS BEEN EXAMINED BY ME AND IS TO THE BEST OF MY KNOWLEDGE AND BELIEF A TRUE AND COMPLETE RETRUN, MADE IN GOOD FAITH, FOR THE PERIOD STATED.

This ____ day of _____

Return prepared by _____

Signature _____
(State whether owner, individual, or member of firm. Give title if officer of corporation.)