



City of Darien

P.O Box 452 | 702 North Way | Darien, GA 31305 | (912) 437-6686 | Fax (912) 437-2208

HOTEL/MOTEL TAX FORM

NAME OF HOTEL/MOTEL: _____

HOTEL/MOTEL TAX REPORT FOR MONTH OF: _____

- 1. Number of rooms or other units of accommodations: _____
2. Total charges for above (excluding charges for phone/food & beverage): _____
3. Number of rooms or other units of accommodation furnished to the same occupant(s) for a period exceeding thirty (30) consecutive days: _____
4. Number of rooms exempt from hotel/motel tax: _____
5. Charges for lines 3 and 4 above: _____
6. Taxable charges (line 2 minus line 5): _____
7. Gross Tax (5% of line 5): _____
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 (Payable to City of Darien by 20th of following month): _____

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 RETURN, 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.)