



City of Dallas Hotel Motel Excise Tax Return

City of Dallas Hotel/Motel Tax
129 E. Memorial Dr.
Dallas, GA 30132
Phone (770) 443-8114
Fax (770) 443-8107
www.cityofdallasga.com

For Period Of _____ To _____

Hotel/Motel Name _____

Owner Name _____

Address _____

City, State, Zip _____

- | | |
|---|----------|
| 1. Gross Receipts (All Lodging Guests) | \$ _____ |
| 2. Exempt Receipts (Guests over 30 days) | \$ _____ |
| 3. Other Exemptions (Attach Certificates) | \$ _____ |
| 4. Total Exempt Receipts (Add lines 2 and 3) | \$ _____ |
| 5. Net Taxable Receipts (Line 1 minus Line 4) | \$ _____ |
| 6. Net Tax Due before Adjustment (Line 5 x .05) | \$ _____ |
| 7. Adjustment for Timely Return (Line 6 x .03) | \$ _____ |
| 8. Current Tax Due (Line 6 minus Line 7) | \$ _____ |
| 9. Penalty (\$5 or 5% Per Month Whichever is Greater) | \$ _____ |
| 10. Interest (1% per Month) | \$ _____ |
| 11. Total Amount Due (Add lines 8, 9, and 10) | \$ _____ |

I hereby certify that the information contained herein and in any schedule of exhibits are true and correct.

Signature: _____ Title _____ Date _____