

**WHITE COUNTY, GEORGIA
MONTHLY HOTEL/MOTEL TAX REPORT**

THIS REPORT COVERS THE MONTH OF _____, 20_____

IMPORTANT: THIS REPORT MUST BE FILED AND THE TAX PAID BY THE 20TH OF THE MONTH FOLLOWING THE MONTH IN WHICH THE TAX WAS COLLECTED IN ORDER TO AVOID LOSS OF VENDOR'S COMPENSATION AND THE ASSESSMENT OF PENALTIES AND INTEREST.. ALSO, A COPY OF YOUR CORRESPONDING MONTH'S GEORGIA DEPARTMENT OF REVENUE SALES AND USE TAX REPORT (FORM ST-3) MUST BE ATTACHED TO THIS REPORT.

BUSINESS NAME: _____

ADDRESS: _____

GEORGIA SALES TAX NUMBER: _____

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|----|---|----------|
| 1. | GROSS RENTAL PROCEEDS ----- | \$ _____ |
| 2. | LESS EXEMPT PORTION OF PROCEEDS (DO NOT LEVY HOTEL/MOTEL TAX FOR: (a) ACCOMMODATIONS FURNISHED AFTER THE FIRST THIRTY (30) CONSECUTIVE DAYS; (b) USE AS A MEETING ROOM; OR (c) ACCOMMODATIONS FOR USE BY GEORGIA STATE AND LOCAL GOVERNMENT OFFICIALS OR EMPLOYEES WHEN TRAVELING ON OFFICIAL BUSINESS (A HOTEL/MOTEL TAX EXEMPTION REQUEST FORM ISSUED FROM SUCH GOVERNMENT MUST BE PROVIDED TO YOU WHEN CLAIMING THIS EXEMPTION). ----- | _____ |
| 3. | NET TAXABLE PROCEEDS (LINE 1 LESS LINE 2) ----- | _____ |
| 4. | HOTEL/MOTEL TAX (8% OF LINE 3) ----- | _____ |
| 5. | LESS 3% OF TAX (LINE 4) AS COLLECTION FEE (IF TIMELY FILED) ----- | _____ |
| 6. | TAX DUE WHITE COUNTY (LINE 4 LESS LINE 5) ----- | _____ |
| 7. | SPECIFIC PENALTY - 5% OF THE TAX DUE OR \$5.00, WHICHEVER IS GREATER FOR EACH 30 DAYS OR FRACTION THEREOF OF DELINQUENCY, NOT TO EXCEED 25% OR \$25.00 IN THE AGGREGATE, WHICHEVER IS GREATER ----- | _____ |
| 8. | INTEREST ON LATE PAYMENT OF .75% PER MONTH OR FRACTION THEREOF COMPOUNDED FROM DUE DATE UNTIL PAID ----- | _____ |
| 9. | TOTAL TAX, PENALTY AND INTEREST (TOTAL OF LINES 6, 7, & 8) ----- | _____* |

* MAKE CHECK PAYABLE TO WHITE COUNTY COMMISSIONERS AND FORWARD WITH THIS REPORT AND A COPY OF YOUR CORRESPONDING MONTH'S GEORGIA DEPARTMENT OF REVENUE SALES AND USE TAX REPORT (FORM ST-3) TO:

**WHITE COUNTY BOARD OF COMMISSIONERS
59 SOUTH MAIN STREET, SUITE A
CLEVELAND, GEORGIA 30528**

I DO HEREBY DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE

SIGNATURE OF FILER

TITLE

PLEASE CHECK IF APPROPRIATE:
() I NEED MORE REPORT FORMS SENT TO MY BUSINESS