

**HOTEL/MOTEL OCCUPANCY TAX REPORT FORM
PRIVATE CHAPTER 79-167**

MONTGOMERY COUNTY TRUSTEE
P.O. BOX 1005
CLARKSVILLE, TN 37041-1005

TELEPHONE: (931) 648-5710
FAX: (931) 553-5132

Name(s) of Owner(s)	Name of Hotel/Motel
State Sales Tax Account No.	Address
Tel. No. _____ No. of Rooms _____	City State Zip
Fax Number _____	
E-Mail Address _____	
	Month of _____ Year _____

- *****
1. Gross Taxable Total Sales... (Same As Line 1 on your monthly Tennessee Sales Tax Return).....\$ _____
 2. Less: Restaurant Sales, Meeting Rooms, Banquet Sales, and Vending Machine Sales.....\$ _____
 3. Less: Allowable Deductible for 30-Day Occupants...(Must Include Proof).....\$ _____
 4. Taxable Receipts (Line 1 Less Lines 2 & 3).....\$ _____
 5. Tax Due (5% of Line 4).....\$ _____
 6. Operator's Compensation:
Deduct 2% of Line 5 (Allowable only if return is filed
and tax is paid by due date)\$ _____
 - Delinquent Returns Computation of Interest & Penalty: (Hotel/Motel Taxes become delinquent if not received in Trustee's Office by the 20th Day of Month)**
 7. Interest 12% Per Annum\$ _____
 8. Penalty 12% Per Annum.....\$ _____
 9. Penalty \$50.00 per day for failure to collect/remit occupancy tax...\$ _____
 10. Total Interest & Penalty (Add Line 7 - 9).....\$ _____
 11. **Total Tax Due Montgomery County, Tennessee**
(Line 5 Less Line 6 if Not Delinquent)
If Delinquent, Line 5 Plus Line 10.....\$ _____



Make Remittance Payable To:	Physical Address:	Forward With Return To:
Montgomery County Trustee	Montgomery County Trustee 350 Pageant Lane, Suite 101-B Clarksville, TN 37040	Montgomery County Trustee P.O. Box 1005 Clarksville, TN 37041-1005

RETURN AND REMITTANCE MUST BE IN THE ABOVE OFFICE BY THE CLOSE OF BUSINESS ON THE 20TH DAY OF THE MONTH FOLLOWING THE MONTH ON WHICH THIS REPORT IS SUBMITTED.

Under the penalties for perjury prescribed by the law, I swear (or affirm) that this return (including any related schedules, statements and/or other documents) is to the best of my knowledge, a true, correct and complete return.

Signed _____ Title _____ Date _____ **Revised 11/15/2013**