HOTEL/MOTEL OCCUPANCY TAX REPORT FORM
PRIVATE CHAPTER 79-167 (AMENDED BY PRIVATE CHAPTER 57, HOUSE BILL 2710)

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** _____

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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 (8% 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).....$_____
11. **Total Tax Due Montgomery County, Tennessee**
    (Line 5 Less Line 6 if Not Delinquent)
    If Delinquent, Line 5 Plus Line 10.....$_____

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