

**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 _____

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.....\$ _____
12. Less: Credit for prior month's tax reimbursed to occupant (Must include proof).....\$ _____
13. Total Tax Remitted (Line 11 minus Line 12).....\$ _____

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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 09/01/2020**