



CITY OF DAHLONEGA
465 Riley Road
Dahlonega, Georgia 30533
Phone: 706-482-2706 • Fax: 706-864-4837

ACCOMMODATION EXCISE TAX RETURN

Name of Business: _____ Phone: _____

Business Location: _____

Report for the Month of: _____ Year: _____

E- Mail Address: _____

- I. This report must be filed and the tax paid by the 20th day of every month following the month in which the tax was collected to avoid loss of vendor's compensation and the assessment of penalties and interest.
- II. A copy of corresponding month's Georgia Department of Revenue sales and use tax report (Form ST-3) must be attached to this report
- III. Section 12 of the City of Dahlonega's Ordinance 85-2, Amendment 7, provides for allowable exemptions from the tax.
- IV. In the event there is no tax collected under this Ordinance by the Innkeeper for a month, such Innkeeper shall nevertheless file a return showing a zero (0) as the tax collected for such month.

| | |
|---|----------|
| 1. Gross Room Rentals | \$ _____ |
| 2. Less Exemptions | \$ _____ |
| 3. Taxable Rentals (Line 1 less Line 2) | \$ _____ |
| 4. Tax Due (8% of Line 3) | \$ _____ |
| 5. Less Collection Fee (3% of Line 4, if filed and taxes paid after due date) | \$ _____ |
| 6. Total Tax Due (Line 4 less Line 5) | \$ _____ |
| 7. Plus Penalty and Interest (In accordance with the City of Dahlonega Ordinance 85-2, Amendment Number 7, Section 17 and Section 18) | \$ _____ |
| 8. Total Tax, Penalty, and Interest (line 6 plus Line 7) | \$ _____ |

Under penalty of perjury, I declare that I have examined this document and supporting documentation, and to the best of my knowledge, information, and belief, they are true, correct, and complete.

Signature of Innkeeper

Date

Make Checks payable to: City of Dahlonega