



Hotel Occupancy Privilege Tax
Metropolitan Code of Laws
Title 5; Chapter 5.12

Collections Office collections.office@nashville.gov
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| | | | | | | | | | | | |
|-----------------------|--|-------------|-----------------------|------------------------|--|----------------------|--|-------------|-------------------------|-----------|--|
| Account Number _____ | | | Reporting Month _____ | | | Year _____ | | | | | |
| Mailing name _____ | | | | Business name _____ | | | | | | | |
| Mailing address _____ | | | | Business address _____ | | | | | | | |
| City _____ | | State _____ | | Zip _____ | | City _____ | | State _____ | | Zip _____ | |
| Owners name _____ | | | | | | E-Mail Address _____ | | | # of rooms _____ | | |

Section 1 – Occupancy Tax

1. Gross Rental Receipts from Occupancy of Rooms.....\$ _____

2. Allowed Deductible and /or Excludable Receipts (**# of exempt rooms**)\$ _____

3. Taxable Receipts (line 1 less line 2).....\$ _____

4. Tax Due (6% of line 3).....\$ _____

5. OPERATION COMPENSATION: Deduct 2% of line 4
 (allowable only if return is filed and tax is paid by due date).....\$ _____

COMPUTATION OF INTEREST AND PENALTY FOR DELINQUENT RETURN:

6. Interest @ 8% per annum\$ _____

7. Penalty @ 1% per month.....\$ _____

8. **Total Occupancy Tax Due (line 4 less line 5 if NOT DELINQUENT; if delinquent add lines 4, 6 and 7)** \$ _____

Section 2 – Additional Occupancy Tax

1. Number of rooms rented per night _____ x \$2.50\$ _____
 (Number of nightly rentals during the month)

COMPUTATION OF INTEREST AND PENALTY FOR DELINQUENT RETURN:

2. Interest @ 8% per annum\$ _____

3. Penalty @ 1% per month.....\$ _____

4. Total Interest & Penalty.....\$ _____

5. **Total Tax Due (line 1 if NOT DELINQUENT; if delinquent, line 1 plus line 4)**\$ _____

TOTAL TAX DUE (Section 1 line 8 plus Section 2 line 5).....\$ _____

RETURN AND REMITTANCE MUST BE POSTMARKED ON OR BEFORE THE 20TH DAY OF THE MONTH FOLLOWING THE MONTH FOR WHICH THE REPORT IS SUBMITTED.

Make remittance payable to:
METRO COLLECTIONS OFFICE

Mail to: COLLECTIONS OFFICE
 PO. BOX 196311
 NASHVILLE, TN 37219-6311

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

SIGNED _____ TITLE _____ DATE _____

Please make copy of this form for your records.