

Metropolitan Government of Nashville and Davidson County

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

Collections Office  
P.O. Box 196311  
Nashville, TN 37219-6311

collections.office@nashville.gov  
Telephone 615-862-6215  
Fax 615-880-2810



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.**