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

505204 — Account Number
December — Reporting Month
2018 — Year

Josh Easterly — Mailing name
210 N 9th Street, Unit 2 — Mailing address
Nashville — City
TN — State
Zip

Business name
Business address
City
State
Zip

Josh Easterly — Owners name
melodie@mcswainmanagement.com — E-Mail Address
1 — **# of rooms**

Section 1 –Occupancy Tax

1. Gross Rental Receipts from Occupancy of Rooms…… $ 3626.52
2. Allowed Deductible and /or Excludable Receipts (**# of exempt rooms** ☐) ……. $
3. Taxable Receipts (line 1 less line 2)……... $ 3626.52
4. Tax Due (6% of line 3)……... $ 217.59
5. OPERATION COMPENSATION: Deduct 2% of line 4 (allowable only if return is filed and tax is paid by due date)……... $ 4.35

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) $** 213.24

Section 2 – Additional Occupancy Tax

1. Number of rooms rented per night 18 x $2.50 ……..... $ 45.00
   (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 (line1 if NOT DELINQUENT: if delinquent, line1plus line 4**…… $ 45.00

TOTAL TAX DUE (Section 1 line 8 *plus* Section 2 line 5)……...$ 258.24

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.