

City of Fitzgerald
Motel and Hotel Excise Tax Return

Date: _____ Report for Month of: _____ 20____

Business Name: _____
Address: _____
Telephone No.: _____
Manager's Name: _____

GA. Sales Tax #: _____
Number of Rooms: _____

- 1 Gross Rent for the Month _____
- 2 Less Rent from Permanent Residents _____
- 3 Less Government Exemption _____
- 4 Taxable Rent (Line 1 minus Line 2 & 3) _____
- 5 Amount of Tax Due (8% of Line 4) _____
- 6 Add 3% Penalty (If payment not made before 20th of month) _____
- 7 TOTAL DUE CITY (Line 5 plus Line 6) _____

Room Number of Permanent Residents: _____
Name(s) of Permanent Residents: _____

I (we) do solemnly swear, subject to criminal penalties for false swearing, that the above information is true and correct. I (we) understand that our records are open to audit upon request.

Signature

RETURN THIS FORM TOGETHER WITH YOUR CHECK FOR THE AMOUNT SHOWN ON LINE 7 MADE PAYABLE TO THE CITY OF FITZGERALD, PRIOR TO THE 20TH OF THE MONTH. PAYMENTS RECEIVED AFTER THE 20TH WILL RESULT IN A PENALTY OF 3% OF THE TAX DUE (LINE 5), PER MONTH, OR PORTION OF MONTH UNTIL SAID TAX IS PAID.

City of Fitzgerald
Attn: City Clerk
302 E. Central Ave.
Fitzgerald, GA 31750
229-426-5060

**This form is to be used on all reports
completed after 09/01/2019**