PICKENS COUNTY – HOTEL/MOTEL TAX
MONTHLY REPORT

______________________________  ______________________________
Business Name                                              Address

______________________________  ______________________________
Business Manager’s Name                                      Business Owner’s Name

HOTEL-MOTEL TAX REPORT FOR CALENDAR MONTH OF ________________, 20___

1. Gross Rent...........................................................................$ __________
2. Rent from Permanent Resident(s)..............................................$ __________
3. Total Taxable Rent (Line 1 Minus Line 2)..............................$ __________
4. Tax Due (6% of Line 3)............................................................$ __________
5. Collector’s Compensation (Deductible on timely return)
   (3% of Line 4)..........................................................................$ __________
6. Penalty (10% of amount due).....................................................$ __________
7. Interest (1% per month on delinquent taxes).........................$ __________
8. TOTAL AMOUNT DUE....................................................................$ __________

This return must be filed and paid to the Commissioner of Pickens County on or before the twentieth (20th) Day
of every month following the month for which the tax is due to avoid loss of the collector’s compensation and
liability for penalty and interest.

***ATTACH A COPY OF YOUR GEORGIA SALES TAX REPORT FOR THE MONTH REPORTED ABOVE.

I certify that this certify that this return has been examined by me and is a true and complete return for
the period stated.

______________________________  ______________________________
Date                                              Business Owner’s Signature