



... creating a better quality of life

IMPORTANT

HOTEL/MOTEL TAX REPORT

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Taxpayer must file a return even though no tax is due to the CITY OF MURFREESBORO.

This return must be filed by the 20th of the month for the preceding month.

Name of Hotel, Motel, etc. _____

Address _____

Name of Owner _____ Sales Tax # _____

Report for Calendar Month ending (Date) _____ Total Rooms for Rent _____

- 1. Gross Charge for Occupancy of Rooms \$ _____ .00
- 2. Deductions for Federal Agencies or Permanent Residents of 30 continuous days or more \$ _____ .00
 _____ **Number of Rooms rented for 30 continuous days or more**
- 3. Taxable Rents: Line 1 minus Line 2 \$ _____ .00
- 4. Tax Due (5% of Line 3) \$ _____ .00
- 5. COMPUTATION OF INTEREST & PENALTY FOR LATE REPORT
 - (a) Interest 12% Per Annum \$ _____
 (Daily rate is .000328 of Line 4)
 - (b) Penalty 1% Per Month or Fraction Thereof \$ _____
 - (c) Total Interest & Penalty \$ _____ .00
- 6. LESS 2% COMPENSATION FOR OWNER(S)/OPERATOR(S) FOR THE REMITTANCE OF TAX DUE ON LINE 4 IF NOT DELINQUENT \$ _____ .00
- 7. Total Tax Due With This Report \$ _____ .00

MAKE CHECKS PAYABLE TO: CITY OF MURFREESBORO TREASURER
MAILING ADDRESS: P.O. BOX 1139, MURFREESBORO, TN 37133-1139
PHONE: 615-893-5210

I declare under penalty of perjury that this return (including any accompanying statements) has been examined by me to the best of my knowledge and belief, and is a true, correct, and complete return.

Printed Name: _____ Phone No. _____

Signed _____ Title _____

(Owner, President, Partner, Authorized Representative)

Date _____

Email Address _____

OFFICIAL USE ONLY	CHECK NUMBER _____	DATE RECEIVED _____
	RECEIPT NUMBER _____	