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

2018016246	January	2019
Account Number	Reporting Month	Year

844 Cherokee Ave					
Mailing name			Business name		
Mailing address			Business address		
Nashville	TN	27207			
City	State	Zip	City	State	Zip
Tim Bergstrom				1	
Owners name			E-Mail Address	# of rooms	

Section 1 –Occupancy Tax

1. Gross Rental Receipts from Occupancy of Rooms…… $ 1962.00
2. Allowed Deductible and /or Excludable Receipts (**# of exempt rooms**) ……$
3. Taxable Receipts (line 1 less line 2)……...$ 1962.00
4. Tax Due (6% of line 3)……...$ 117.72
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 ……..$ .13
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) $** 117.85

Section 2 – Additional Occupancy Tax

1. Number of rooms rented per night 7 x $2.50 ……....$ 17.50
   (Number of nightly rentals during the month)

COMPUTATION OF INTEREST AND PENALTY FOR DELINQUENT RETURN:

2. Interest @ 8% per annum ……$ .02
3. Penalty @ 1% per month……$
4. Total Interest & Penalty……....$ .02
5. **Total Tax Due (line1 if NOT DELINQUENT: if delinquent, line1plus line 4**…… $ 17.52

TOTAL TAX DUE (Section 1 line 8 *plus* Section 2 line 5)……...$ 135.37

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.