



IMPORTANT

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

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

HOTEL/MOTEL TAX REPORT

Name of Hotel, Motel, etc. _____

Address _____ Phone No. _____

Name of Owner _____ Sales Tax # _____

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

1. Gross Charge for Occupancy of Rooms \$ _____

2. Deductions for Permanent Residents of 30 continuous days or more \$ _____

3. Taxable Rents: Line 1 minus Line 2 \$ _____

4. Tax Due (4% of Line 3) \$ _____

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 \$ _____

6. LESS 2% COMPENSATION FOR OWNER(S)/OPERATOR(S) FOR THE REMITTANCE OF TAX DUE ON LINE 4 IF NOT DELINQUENT \$ _____

7. Total Tax Due With This Report \$ _____

MAKE CHECK PAYABLE TO:

CITY OF CLEVELAND

MAILING ADDRESS:

**P.O. Box 1519, CLEVELAND, TN 37364
(423) 472-4551**

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.

Signed _____ Title _____
(Owner, President, Partner or Authorized Representative)

Date _____

THIS LINE FOR OFFICIAL USE ONLY.

CHECK NUMBER _____ DATE RECEIVED _____

RECEIPT NUMBER _____