



**City of East Point Customer Care
2791 East Point Street
East Point, Georgia 30344
(404) 270-7010**

CITY OF EAST POINT HOTEL-MOTEL SALES TAX REPORT FORM FOR

_____, _____,
MONTH YEAR

THIS REPORT SHALL BE DUE AND PAYABLE ON THE 20TH DAY OF THE MONTH FOLLOWING ITS COLLECTION. IF THE 20TH FALLS ON A DAY OTHER THAN A BUSINESS DAY, THE REPORT SHALL BE DUE ON THE FOLLOWING BUSINESS DAY. ARTICLE B. HOTEL & MOTEL (CODE 1959, 20-51) SEC. 5-1056.

TAXPAYERS NOT FILING THIS REPORT ON OR BEFORE THE DUE DATE SHALL NOT BE ENTITLED TO THE DEALERS COMPENSATION RATE AND ANY TAX DUE SHALL BEAR INTEREST AT THE RATE OF .0542% PER MONTH OR PORTION OF MONTH UNTIL SUCH TAX IS PAID.

THE ABOVE REPORT MUST INCLUDE ALL EXEMPTION REPORTS AS WELL AS THE STATE OF GEORGIA CERTIFICATES OF EXEMPTION OF LOCAL HOTEL / MOTEL EXCISE TAX IF APPLICABLE ON THIS REPORT.

1.	GROSS ROOM SALES FOR MONTH	\$ _____
2.	EXEMPT RECEIPTS (GUESTS 30 DAYS)	\$ _____
3.	OTHER EXEMPTIONS (CERTIFICATES)	\$ _____
3.	TAXABLE ROOM SALES	\$ _____
4.	8% OF THE ABOVE LINE	\$ _____
5.	*** ADJUSTMENT 3% (IF RECEIVED BY 20 TH)	\$ _____
6.	TAX DUE TO THE CITY OF EAST POINT	\$ _____
7.	PENALTY (5%)	\$ _____
8.	TOTAL AMOUNT DUE	\$ _____

BILLING ADDRESS:

PLEASE REMIT PAYMENT TO:
CITY OF EAST POINT
CUSTOMER CARE
2791 EAST POINT STREET
EAST POINT, GEORGIA 30344

BUSINESS NAME & ADDRESS:

SIGNATURE

PHONE NUMBER

TITLE

I hereby certify the information contained herein and, in any attachments, are true and correct.