

EXCISE TAX REPORT FORM HOTEL/MOTEL EXCISE



Month: _____ Year: _____

Name of Business: _____

Contact Person Name: _____ Phone: _____

Monthly excise tax reports and fees are **due on the 20th** of the month **by 5:00 PM**.
If received after the 20th, a 15% penalty will be added and the Collector's Compensation will not be allowed

Excise Tax Reporting

LINE 1: Gross Sales	_____	
LINE 2: Rent from Permanent resident(s)	_____	(over 30 consecutive days)
LINE 3: Gross Taxable Rent	_____	(line 1 minus line 2)
LINE 4: Tax Due	_____	(7% of line 3)
LINE 5: Collectors Compensations	_____	(3% of line 4 *only if received by the 20 th *
TOTAL	_____	

I certify the above information is true. This application contains no false or fraudulent information.

PRINTED OF PERSON PREPARING REPORT

SIGNATURE OF THE PERSON PREPARING THE REPORT

DATE

TOTAL AMOUNT DUE: _____
(Make check payable to the City of Suwanee)

Received by: _____

DATE

(This return is subject to audit; please maintain a copy for three (3) years)