

WILLIAMSON COUNTY CLERK

MAIL RETURNS AND REMITTANCES TO
WILLIAMSON COUNTY CLERK
P O BOX 624
FRANKLIN TN 37065-0624
615-790-5732

HOTEL 4% OCCUPANCEY TAX
HOUSE BILL 552

NAME OF RENTAL	NAME OF OWNER	
STATE SALES TAX NO.	ADDRESS	
TELEPHONE NO.	CITY	
ACCOUNT #	MONTH OF	20
1. GROSS RENTAL RECEIPTS FROM OCCUPANCE OF ROOMS..... \$ _____		
2. LESS: ALLOWABLE DEDUCTIONS/EXCLUDEABLE RECEIPTS..... \$ _____		
3. TAXABLE RECEIPTS (LINE 1 LESS LINE 2) \$ _____		
4. TAX DUE (4% OF LINE 3) \$ _____		
5. OPERATORS COMPENSATION: DEDUCT 2% OF LINE 4 (ALLOWABLE ONLY IF RETURN IS FILED AND TAX IS PAID BY DUE DATE)..... \$ _____		
6. INTEREST @12% PER ANNUM \$ _____		
7. PENALTY @ 1% PER MONTH..... \$ _____		
8. TOTAL INTEREST AND PENALTY (ADD LINES 6 & 7). \$ _____		
9. TOTAL TAX DUE WILLIAMSON COUNTY (LINE 4 LESS LINE 5 IF NOT DELINQUENT: IF DELINQUENT, LINE 4 PLUS LINE 8) \$ _____		

RETURN AND REMITTANCE MUST BE IN THE ABOVE OFFICE BY THE CLOSE OF BUSINESS ON THE 20TH
DAY OF THE MONTH FOLLOWING THE MONTH ON WHICH THIS REPORT SUBMITTED.
UNDER THE PENALTIES FOR PERJURY PRESCRIBED BY LAW, I SWEAR (OR AFFIRM) THAT THIS RETURN
(INCLUDING ANY RELATED SCHEDULES, STATEMENTS, AND/OR OTHER DOCUMENTS) IS, TO THE BEST OF
MY BELIEF AND KNOWLEDGE, A TRUE, CORRECT, AND COMPLETE RETURN.

SIGNED _____ TITLE _____ DATE _____