

# 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 20<sup>TH</sup> 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 \_\_\_\_\_