Angie H. Groves
ROBERTSON COUNTY CLERK
511 SOUTH BROWN STREET
SPRINGFIELD, TN 37172

HOTEL/MOTEL/CAMPGROUND/OTHER OCCUPANCY TAX

****IMPORTANT: Taxpayer must file return even though no tax is due to the County Clerk. This report must be filed by the 20th day of the following month for which a report is due.**

Mailing Address Location

Account: Owner:

Number of rooms/spaces of occupancy: Number of permanent residents including owners:

Assessment covers tax period from _____ to _____

Hotel/Motel Tax

1. Gross Receipts for occupancy of rooms/spaces . . . . . $ _____
2. Deductions for Permanent Residents of 30 continuous days or more. . . . . $ _____
3. Net Taxable Receipts (line 1 minus line 2) . . . . . $ _____
4. Tax Due (7% of line 3) . . . . . $ _____
5. Less 2% compensation for owner/operator for the remittance of tax due on line 4 if not delinquent . . . . . $ _____
6. Interest should be figured at 8.75% per annum. (daily rate is .000240 of line 4) . . . . . $ _____
7. Penalty (1% for each 30 days of delinquency or any portion of 30 days for tax on line 4) . . . . . $ _____
8. Total Tax Due . . . . . $ _____
9. Credit\Debit Memo . . . . . $ _____
10. Total amount due this report . . . . . $ _____

I declare under the penalty of perjury that this return has been examined by me and to the best of my knowledge and belief; this is a true, correct, and complete return.

Signed: _____ Title: _____ Date: _____

**** Make checks payable to : ROBERTSON COUNTY CLERK****