



Hotel Occupancy Privilege Tax
Metropolitan Code of Laws
Title 5; Chapter 5.12

Collections Office collections.office@nashville.gov
 P.O. Box 196311 Telephone 615-862-6215
 Nashville, TN 37219-6311 Fax 615-880-2810

_____			_____			_____											
Account Number			Reporting Month			Year											
_____					_____												
Mailing name					Business name												
_____					_____												
Mailing address					Business address												
_____			_____			_____			_____								
City			State			Zip			City			State			Zip		
_____						_____						_____					
Owners name						E-Mail Address						# of rooms					

Section 1 – Occupancy Tax

1. Gross Rental Receipts from Occupancy of Rooms.....	\$ _____
2. Allowed Deductible and /or Excludable Receipts (# of exempt rooms <input type="text"/>)	\$ _____
3. Taxable Receipts (line 1 less line 2).....	\$ _____
4. Tax Due (6% of line 3).....	\$ _____
5. OPERATION COMPENSATION: Deduct 2% of line 4 (allowable only if return is filed and tax is paid by due date).....	\$ _____
<u>COMPUTATION OF INTEREST AND PENALTY FOR DELINQUENT RETURN:</u>	
6. Interest @ 8% per annum	\$ _____
7. Penalty @ 1% per month.....	\$ _____
8. Total Occupancy Tax Due (line 4 less line 5 if NOT DELINQUENT; if delinquent add lines 4, 6 and 7) \$ _____	

Section 2 – Additional Occupancy Tax

1. Number of rooms rented per night _____ x \$2.50	\$ _____
(Number of nightly rentals during the month)	
<u>COMPUTATION OF INTEREST AND PENALTY FOR DELINQUENT RETURN:</u>	
2. Interest @ 8% per annum	\$ _____
3. Penalty @ 1% per month.....	\$ _____
4. Total Interest & Penalty.....	\$ _____
5. Total Tax Due (line1 if NOT DELINQUENT: if delinquent, line1plus line 4)	\$ _____

TOTAL TAX DUE (Section 1 line 8 plus Section 2 line 5).....\$ _____

RETURN AND REMITTANCE MUST BE POSTMARKED ON OR BEFORE THE 20TH DAY OF THE MONTH FOLLOWING THE MONTH FOR WHICH THE REPORT IS SUBMITTED.

Make remittance payable to:
METRO COLLECTIONS OFFICE

Mail to: COLLECTIONS OFFICE
 PO. BOX 196311
 NASHVILLE, TN 37219-6311

Under the penalties for perjury prescribed by law, I swear (or affirm) that this return (including any related schedules, statements, or other documents) is, to the best of my knowledge, a true, correct and complete return.

SIGNED _____ TITLE _____ DATE _____

Please make copy of this form for your records.