

Hotel/Motel Credit Card Form

I certify that this 6% occupancy return including any accompanying statements, has been examined by me and is to the best of my knowledge and belief, a true and complete return made in good faith for the tax period stated pursuant in the provisions of Chapter 704 of the Public Acts of 1976, implemented by Metropolitan Council Ordinance No. 76-143, provides the legal basis for the levy of the 6% occupancy tax. If prepared by anyone other than the taxpayer, this return is based upon all information of which I have any knowledge, under penalties provided by the "Return Preparer Act of 1969"

This return is for the tax period _____ / _____ (mo/yr)	
Name of Hotel/Motel	
Hotel Reference/License Number	
Printed name of Hotel/Motel taxpayer	
Signature of Hotel/Motel taxpayer	
Date	
Printed name of preparer (if different from above)	
Signature of preparer	
Date	

Payment Information			
<i>Please circle one</i>		VISA	MASTERCARD
Card Number:		Exp. Date (mo/yr)	
Authorized Amount \$:		Billing Zip Code	
Name of Card			
Signature			

For assistance, please call the Davidson County Clerk's office at 615-862-6254, ext. 77158
(You are required to send in the Hotel/Motel Occupancy Tax Form with this payment)

Effective immediately a convenience fee of 2.35% of the total Hotel Tax will be assessed by the electronic processing company for credit/debit card payments received. No part of this fee goes to Metro Government.