

Metropolitan Government of Nashville and Davidson County

**Hotel 6% Occupancy Tax
Ordinance 76-143**

Davidson County Clerk
523 Mainstream Drive
P.O. Box 196333
Nashville, TN 37219-6333



Account Number _____ Month _____, _____

Mailing name _____
Mailing address _____
City _____ St _____ Zip _____
Owners name _____

Business name _____
Business address _____
City _____ St _____ Zip _____
E-MAIL ADDRESS _____ # of rooms _____

Section 1 – Occupancy Tax

- 1. Gross Rental Receipts from Occupancy of Rooms.....\$ _____
- 2. Less: Allowable Deductible and /or Excludable Receipts.....\$ _____
- 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).....\$ _____

COMPUTATION OF INTEREST AND PENALTY FOR DELINQUENT RETURN:

- 6. Interest @ 8% per annum\$ _____
- 7. Penalty @ 1% per month.....\$ _____
- 8. Total Occupancy Tax Due (lines 4 less line 5 if NOT DELINQUENT; if delinquent add lines 4, 6 and 7).....\$ _____

Section 2 – City Tax

- 1. City Tax: Number of room rented per night _____ x \$2.50\$ _____

COMPUTATION OF INTEREST AND PENALTY FOR DELINQUENT RETURN:

Group A

Group B

\$2.00 Interest @ 8% per annum\$ _____
\$2.00 Penalty @ 1% per month.....\$ _____
Total of Group A.....\$ _____

\$.50 Interest @ 8% per annum.....\$ _____
\$.50 Penalty @ 1% per month.....\$ _____
Total of Group B.....\$ _____

- 4. Total city Tax Due (lines 1 if NOT DELINQUENT; if delinquent, add line 1 plus groups A and B).....\$ _____

PROCESSING FEE.....\$ 1.00
TOTAL TAX DUE METROPOLITAN GOVERNMENT (Total of section 1 and 2 plus Processing fee).....\$ _____

RETURN AND REMITTANCE MUST BE IN THE OFFICE BELOW OR POSTMARKED BY THE CLOSE OF BUSINESS ON THE 20TH DAY OF THE MONTH FOLLOWING THE MONTH ON WHICH THIS REPORT IS SUBMITTED.

Make remittance payable to:
“DAVIDSON COUNTY CLERK”

Mail to: DAVIDSON COUNTY CLERK
ATTN: HOTEL TAX
P.O. BOX 196333
NASHVILLE, TN 37219-6333

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 knowledge, a true, correct and complete return. Please make copy of this form for you records.

SIGNED _____ TITLE _____ DATE _____