



... creating a better quality of life

**IMPORTANT**

**HOTEL/MOTEL TAX REPORT**

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Taxpayer must file a return even though no tax is due to the CITY OF MURFREESBORO.

This return must be filed by the 20th of the month for the preceding month.

Name of Hotel, Motel, etc. \_\_\_\_\_

Address \_\_\_\_\_

Name of Owner \_\_\_\_\_ Sales Tax # \_\_\_\_\_

Report for Calendar Month ending (Date) \_\_\_\_\_ Total Rooms for Rent \_\_\_\_\_

- 1. Gross Charge for Occupancy of Rooms \$ \_\_\_\_\_ .00
- 2. Deductions for Federal Agencies or Permanent Residents of 30 continuous days or more \$ \_\_\_\_\_ .00  
 \_\_\_\_\_ **Number of Rooms rented for 30 continuous days or more**
- 3. Taxable Rents: Line 1 minus Line 2 \$ \_\_\_\_\_ .00
- 4. Tax Due (5% of Line 3) \$ \_\_\_\_\_ .00
- 5. COMPUTATION OF INTEREST & PENALTY FOR LATE REPORT
  - (a) Interest 12% Per Annum \$ \_\_\_\_\_  
 (Daily rate is .000328 of Line 4)
  - (b) Penalty 1% Per Month or Fraction Thereof \$ \_\_\_\_\_
  - (c) Total Interest & Penalty \$ \_\_\_\_\_ .00
- 6. LESS 2% COMPENSATION FOR OWNER(S)/OPERATOR(S) FOR THE REMITTANCE OF TAX DUE ON LINE 4 IF NOT DELINQUENT \$ \_\_\_\_\_ .00
- 7. Total Tax Due With This Report \$ \_\_\_\_\_ .00

**MAKE CHECKS PAYABLE TO: CITY OF MURFREESBORO TREASURER**  
**MAILING ADDRESS: P.O. BOX 1139, MURFREESBORO, TN 37133-1139**  
**PHONE: 615-893-5210**

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

Printed Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_

(Owner, President, Partner, Authorized Representative)

Date \_\_\_\_\_

Email Address \_\_\_\_\_

OFFICIAL USE ONLY	CHECK NUMBER _____	DATE RECEIVED _____
	RECEIPT NUMBER _____	