



T E N N E S S E E
... creating a better quality of life

IMPORTANT

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

IMPORTANT

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

HOTEL/MOTEL TAX REPORT

Name of Hotel, Motel, etc. _____

Address _____ Phone No. _____

Name of Owner _____ Sales Tax # _____

Report for Calendar Month ending (Date) _____ Total Rooms for Rent _____

1. Gross Charge for Occupancy of Rooms \$ _____

2. Deductions for Permanent Residents of 30 continuous days or more \$ _____

3. Taxable Rents: Line 1 minus Line 2 \$ _____

4. Tax Due (2.5% of Line 3) \$ _____

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 \$ _____

6. LESS 2% COMPENSATION FOR OWNER(S)/OPERATOR(S) FOR THE REMITTANCE OF TAX DUE ON LINE 4 IF NOT DELINQUENT \$ _____

7. Total Tax Due With This Report \$ _____

**MAKE CHECK PAYABLE TO:
MAILING ADDRESS:**

**CITY OF MURFREESBORO TREASURER
P.O. BOX 1139, MURFREESBORO, TN 37133-1139
615-848-2553**

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.

Signed _____ Title _____
(Owner, President, Partner or Authorized Representative)

Date _____

THIS LINE FOR OFFICIAL USE ONLY.

CHECK NUMBER _____ DATE RECEIVED _____

RECEIPT NUMBER _____