

# CITY OF FRANKLIN CITY RECORDER'S OFFICE

Mail Returns and Remittances to  
City of Franklin  
City Recorder's Office  
P.O. Box 705  
Franklin, Tennessee 37065

## HOTEL 4% OCCUPANCY TAX

Name(s) of Owner(s)	Hotel/Motel Name
State Sales Tax Account. No.	Location
Telephone No.	Mailing Address
No. Of Rooms	City                      State                      Zip

Month of \_\_\_\_\_ 19 \_\_\_\_

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 (4% of line 3) .....	\$ _____
5. OPERATOR'S COMPENSATION: Deduct 2% of line 4 (allowable only if return is filed) and tax is paid by 20 <sup>th</sup> of each month .....	\$ _____
<b>COMPUTATION OF INTERERST AND PENALTY FOR DELINQUENT RETURN:</b>	
6. Interest @ 12% per annum .....	\$ _____
7. Penalty @ 1% per month .....	\$ _____
8. Total Interest and Penalty (add lines 6 and 7) .....	\$ _____
9. <b>TOTAL TAX DUE CITY OF FRANKLIN</b> (line 4 less line 5 if NOT DELINQUENT; if delinquent, line 4 plus line 8) .....	\$ _____

**RETURN AND REMITTANCE MUST BE IN THE ABOVE OFFICE BY THE CLOSE OF BUSINESS ON THE 20<sup>TH</sup> DAY OF THE MONTH FOLLOWING THE MONTH ON WHICH THIS REPORT IS SUBMITTED.**  
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 belief and knowledge, a true, correct and complete return.

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