



the city of
DoravilleSM
 DIVERSITY | VITALITY | COMMUNITY

City of Doraville
 Office of City Clerk
 3725 Park Avenue
 Doraville, Georgia 30340-1111
 Tel: (770) 451-8745 | Fax: (770) 936-3862 | www.doravillega.us

Hotel/ Motel Occupancy Tax

Month/ Year Reporting: _____ / _____

Business Name: _____ Bus. Address: _____

Bus. Phone/ Fax: _____ Occ. Tax Certificate No: _____

All sections of this form must be fully completed and the return shall be filed even though no tax may be due. Hotel/Motel Taxes shall be paid on or before the 20th day following the month in which the occupancy occurs within the City. Please remit payment to the Office of City Clerk.

Report rent in even dollar amounts:

Gross Room Rent: _____

Less Room Rent: _____

Less Exempt Rent: _____

Net Taxable Rent: _____

Amount of Tax (5%): _____

Less 5% of tax as collection fee: _____

New Amount Due: _____

***This return is subject to audit.**

I hereby certify, under penalties prescribed, that the statements made herein and on any supporting documentation are true, correct and complete to the best of my knowledge.

Preparer's Printed Name: _____ Title: _____

Signature: _____ Date: _____/_____/_____

RETURN:
 City of Doraville
 3725 Park Avenue
 Doraville, Georgia 30340

STAFF USE:
 Received By: _____ Date: _____/_____/_____
 Report Complete?: Yes No