



**Rental Motor Vehicle Excise Tax Reporting Form**

Month/ Year Reporting: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Business Name: \_\_\_\_\_ Occ. Tax Certificate No: \_\_\_\_\_

Bus. Address (physical) : \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Bus. Tel./ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

All sections of this form must be fully completed, and the return must be filed by the 20th of each month regardless of whether sales merit a remittance. Reports should reflect activity from the previous month. For example, a December report should reflect November's activity.

1. Gross Receipts Subject to Vehicle Rental Tax:	\$
2. Excise Tax Due (3% of line 1):	\$
3. Vendor's Credits (deduct 3% of line 2 if paid on or before 20th day of the month)	\$
4. Penalty (add 5% of line 2 if submitted after the 20th):	\$
5. Interest (add 1% of line 2 per month or a fraction thereof for late returns)	\$
6. Total Amount Due & Payable (line 2 minus line 3 or line 2 plus line 4 and 5 if late)	\$

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

This return form and a copy of your Georgia Sales Tax and Use Report are due no later than the 20th day of each month. Reporting must reflect activity for the proceeding month. You may submit additional documentation. A 5% penalty plus an interest rate of 1% per month (or fraction thereof from the due date) will be assessed for businesses that fail to report by the 20th or fail to report altogether. Incomplete forms will be returned until fully completed. Please make a copy for your file and return this form with remittance to the Clerk's Office.

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

Printed Name & Title of Preparer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

<b>RETURN/ CHECKS PAYABLE TO:</b> City of Doraville 3725 Park Avenue Doraville, Georgia 30340-1111	<b>STAFF USE :</b> Received By: _____ Date: ____/____/____ Amount Due: \$ _____ Amount Paid : \$ _____ Receipt No: _____
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