Metropolitan Government of Nashville and Davidson County

CONTRACTED VEHICLE PRIVILEGE TAX
Metropolitan Code of Laws
Title 5 Chapter 5.16

Metro Collections Office
P.O. Box 196300
Nashville, TN 37219-6300

collections.office@nashville.gov
Telephone 615-862-6215
Fax 615-880-2810

Reporting Month _____ Year _____

Mailing Name _____ Business Name _____

Mailing Address _____ Business Address _____

City State Zip Code _____ City State Zip Code _____

Owner's Name _____ E-MAIL ADDRESS _____

1. TOTAL NUMBER OF VEHICLE TRIPS EXITING AIRPORT [ ] x 2.00 ……... $ _____

COMPUTATION OF INTEREST AND PENALTY FOR DELINQUENT RETURN:

2. INTEREST @ 8% PER ANNUM...……. $_____

3. PENALTY @ 1% PER MONTH …… $_____

4. TOTAL INTEREST & PENALTY (LINES 2 & 3)…….$ _____

TOTAL TAX DUE
(Line 1 if NOT DELINQUENT; Line 1 plus line 4 if DELINQUENT)……...…… $ _____

RETURN AND REMITTANCE MUST BE POSTMARKED ON OR BEFORE THE 20TH DAY OF THE MONTH FOLLOWING THE MONTH FOR WHICH THE REPORT IS SUBMITTED

Make Remittance Payable To:
METRO COLLECTIONS OFFICE

Mail remittance with return to:
COLLECTIONS OFFICE
P.O. BOX 196300
NASHVILLE, TN 37219-6300

Under the penalties for perjury prescribed by law, I swear (or affirm) that this return (including any related schedules, statements and other documents) is, to the best of my belief and knowledge, a true, correct and complete return.

SIGNED _____ TITLE _____ DATE _____

Please make copy of this form for your records