

Metropolitan Government of Nashville and Davidson County



Hotel Occupancy Privilege Tax
Metropolitan Code of Laws
Title 5; Chapter 5.12

Metro Collections Office collections.office@nashville.gov
 P.O. Box 196300 Telephone 615-862-6215
 Nashville, TN 37219-6300 Fax 615-880-2810

_____			_____			_____											
Account Number			Reporting Month			Year											
_____					_____												
Mailing name					Business name												
_____					_____												
Mailing address					Business address												
_____			_____			_____			_____								
City			State			Zip			City			State			Zip		
_____					_____					_____							
Owners name					E-Mail Address					# of rooms							

Section 1 –Occupancy Tax

1. Gross Rental Receipts from Occupancy of Rooms.....\$ _____

2. Allowed Deductible and /or Excludable Receipts (# of exempt rooms)\$ _____

3. Taxable Receipts (line 1 less line 2).....\$ _____

4. Tax Due (6% of line 3).....\$ _____

5. OPERATION COMPENSATION: Deduct 2% of line 4
 (allowable only if return is filed and tax is paid by due date).....\$ _____

COMPUTATION OF INTEREST AND PENALTY FOR DELINQUENT RETURN:

6. Interest @ 8% per annum\$ _____

7. Penalty @ 1% per month.....\$ _____

8. **Total Occupancy Tax Due (line 4 less line 5 if NOT DELINQUENT; if delinquent add lines 4, 6 and 7) \$** _____

Section 2 – Additional Occupancy Tax

1. Number of rooms rented per night _____ x \$2.50\$ _____

COMPUTATION OF INTEREST AND PENALTY FOR DELINQUENT RETURN:

2. Interest @ 8% per annum\$ _____

3. Penalty @ 1% per month.....\$ _____

4. Total Interest & Penalty.....\$ _____

5. **Total Tax Due (line1 if NOT DELINQUENT; if delinquent, line1plus line 4..... \$** _____

TOTAL TAX DUE (Section 1 line 8 plus Section 2 line 5).....\$ _____

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 to: **COLLECTIONS OFFICE**
 PO. 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, or other documents) is, to the best of my knowledge, a true, correct and complete return.

SIGNED _____ TITLE _____ DATE _____

Please make copy of this form for your records.