**CITY OF GARDEN CITY, GEORGIA**

MONTHLY RETURN – HOTEL/MOTEL TAX COLLECTIONS

**IMPORTANT:** This return must be filed and taxes paid by the 20th of the month following the month for which the tax is due. If the 20th day falls on other than a business day, the report shall be due on the following business day.

***Mail return and tax payment to:*** ***City Administrator***
***CITY OF GARDEN CITY***
***P. O. Box 7548***
***Garden City, GA 31418-7548***

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Return for the month of _____, _____. Date return filed_____, _____

Business Name:_____

Address:_____

Number of lodging rooms:_____ ***Georgia Sales Tax Certificate Number:_____***

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This report includes all excise taxes collected for the City of Garden City during the above stated month upon the furnishing for value to the public of any room or rooms, lodgings or accommodations, provided that no such tax shall be levied or collected upon the sale or charges for any rooms, lodgings, or accommodations furnished for a period of more than 10 consecutive days, or for the use of meeting rooms.

1. Total charges for lodging or accommodations and meeting rooms: $_____
2. Deduct charges for accommodations furnished for a period of more than 10 consecutive days. $_____
3. Deduct charges for meeting rooms $_____
4. Net taxable charges for lodgings or accommodations. $_____
   (line 1 minus lines 2 and 3 = line 4)
5. City excise tax – six percent (6%) of line 4 above $_____
6. Deduct three percent (3%) of Line 5, provided the amount is not delinquent at the time of payment to the City. $_____
7. Net tax payable: $_____
8. If return is postmarked after the 20TH of the month in which payment is due, add three-fourths percent (3/4%) per month of Line 7: $_____
9. TOTAL AMOUNT REPORTED AND REMITTED TO GARDEN CITY, GEORGIA $_____

I certify that this return has been examined by me, and is to the best of my knowledge and belief, a true and complete return, made in good faith, for the period stated.

| _____ | _____ | _____ | _____ |
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| Signature | Print or type name | Title | Date |