

# CITY OF MANCHESTER

## Finance Office

200 W. Fort Street

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Manchester, TN 37355

**Important:**

Taxpayer must file return though no tax is due to the CITY OF MANCHESTER.

**Important:**

This return must be filed and paid by the 20<sup>th</sup> of the month for the preceding month.

### Hotel/Motel Tax Report

Name of Hotel, Motel, etc. \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Sales Tax #: \_\_\_\_\_

Report for Calendar Month ending (Date): \_\_\_\_\_ Total Rooms for Rent: \_\_\_\_\_

1. Gross Charge for Occupancy of All Rooms \$ \_\_\_\_\_

2. Deductions for Permanent Residents of **30 days** or \$ \_\_\_\_\_

more continuous stay. (Attach copies of invoices showing charged and refunded tax to receive deductions.) **ALL INVOICES MUST SPECIFY ROOM RATE, SALES TAX AND DATES OF OCCUPANCY.**

3. Taxable Gross: Line 1 minus (-) Line 2 \$ \_\_\_\_\_

4. Taxable Due (6% of Line 3) \$ \_\_\_\_\_

5. Computation of Interest & Penalty for Late Report

(a) Interest 12% Per Annum \$ \_\_\_\_\_

(b) Penalty 1% Per Month \$ \_\_\_\_\_

(c) Total Interest & Penalty \$ \_\_\_\_\_

6. Total Due with this Report \$ \_\_\_\_\_

**\*MAKE CHECKS PAYABLE TO: CITY OF MANCHESTER**

I declare under oath that this return (including any accompanying articles) has been examined by me to the best of my knowledge and belief, and is a true, correct and complete return.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_  
(Owner, President, Partner, Authorized Rep)

Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Date Received: \_\_\_\_\_