



BOARD OF COMMISSIONERS
625 West Third Street, Suite 4, Jackson, GA 30233
Office 770-775-8200, Fax 775-8211
www.buttscountyga.com

SHORT-TERM VACATION RENTALS - HOTEL/MOTEL OCCUPANCY EXCISE TAX MONTHLY REPORT

MONTH OR PERIOD ENDING: _____
BUSINESS LICENSE ACCOUNT #: _____
BUSINESS NAME: _____
BUSINESS ADDRESS: _____

1. GROSS RECEIPTS RECEIVED FOR LODGING/ACCOMODATIONS THROUGH:

- (a) SHORT-TERM VACATION RENTALS \$ _____
 - (b) HOTEL BOOKINGS: \$ _____
 - (c) ON-LINE TRAVEL COMPANY BOOKINGS \$ _____
- (on page 2, please list names of on-line travel companies)

2. TOTAL GROSS RECEIPTS RECEIVED FOR LODGING OR ACCOMODATIONS (Lines 1a + 1b+ 1c) \$ _____

3. LESS: EXEMPT RECEIPTS (As allowed under O.C.G.A 48-13-51) \$ _____

4. TAXABLE AMOUNT (Line 2— Line 3) \$ _____

5. COMPUTED TAX (multiply Line 4 by 8%) \$ _____

6. TOTAL AMOUNT DUE \$ _____

Make checks payable to the following and send this report to:

Butts County Planning and Development
Attn: Hotel/Motel Tax
625 W. Third Street
Jackson, GA 30233

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____

PRINT NAME _____

TITLE _____

PHONE NUMBER _____

DATE _____



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MONTHLY REPORT

ON-LINE TRAVEL COMPANY NAME

AMOUNT RECEIVED

1. _____

\$ _____

2. _____

\$ _____

3. _____

\$ _____

4. _____

\$ _____

5. _____

\$ _____