

OCONEE COUNTY EXCISE TAX RETURN FOR ROOMS, LODGINGS & ACCOMMODATIONS

DUE BY 20th OF EACH MONTH

INFORMATION

BUSINESS NAME _____
ADDRESS _____

REPORTING PERIOD
 MONTH _____
 YEAR _____

COMPUTATION OF TAX

1. TOTAL LODGING SALES.	1		
2. TAX EXEMPT LODGING SALES (Must be itemized in Schedule A below)	2		
3. NET TAXABLE SALES (Line 1 minus line 2)	3	\$0.00	
4. GROSS TAX (6% OF LINE 3)	4	\$0.00	
5. PENALTY (10% of the amount due (line 4) but not less than \$100; if not paid by the 20th)	5		
6. INTEREST (1% per month or fraction thereof from the date delinquent until paid)	6		
7. AMOUNT DUE (Line 4 plus lines 5 and 6)	7	\$0.00	
8. VENDOR'S COMPENSATION (3% Of line 4 if not delinquent)	8	\$0.00	
9. PAY THIS AMOUNT (Line 7 minus line 8) Make checks payable to "Oconee County BOC"	9	\$0.00	

SCHEDULE A - TAX EXEMPT LODGING SALES (LINE 2)

1. PERMANENT RESIDENTS ACCOMODATIONS FOR MORE THAN TEN (10) CONSECUTIVE DAYS	1		
2. GEORGIA GOVERNMENT OFFICIALS OR EMPLOYEES (State or Local)	2		
TOTAL TAX - EXEMPT LODGING SALES (Line 2 on Computation of Tax)		\$0.00	

CHANGE OF REGISTERED INFORMATION

FOR CHANGE OF TRADE NAME, ADDRESS, OWNERSHIP and/or TELEPHONE NUMBER, PLEASE INDICATE APPLICABLE INFORMATION BELOW

NEW BUSINESS LOCATION _____ NEW MAILING ADDRESS _____
 NEW TRADE NAME _____ DATE BUSINESS DISCONTINUED _____
 NAME AND MAILING ADDRESS OF OWNER (S) _____
 TELEPHONE # _____ NUMBER OF ROOMS _____

I certify that the information provided above is accurate and in accordance with Georgia Laws 48-13-50 through 53 and the ordinances of the Government of Oconee County, Georgia.

Signature _____ Date _____ Title _____
 Return Prepared by: _____ Telephone # _____

OCONEE FINANCE DEPARTMENT USE ONLY: ALLOCATION OF TAX

Lodging Excise Tax _____ EH (2030-00000-000-31-44101)
 Cr Number _____ Date _____

REMIT TO: OCONEE COUNTY BOC, P.O. BOX 1527, WATKINSVILLE, GA 30677