Hotel/Motel Monthly Tax Return
for rentals beginning January 2020
City of Tybee Island
P.O. Box 2749
403 Butler Avenue, Tybee Island, GA 31328-2749
(912) 472-5026 Fax (912) 786-9465

This return must be filed and paid by the 20th of the month following the period for which the tax is due to avoid penalty. A return must be filed even if no tax is due – penalties will be assessed if no return is filed. Mailed tax returns must be postmarked by the 20th. Remit form with payments to above address. Direct questions or 'Zero' returns to hotelmoteltax@cityoftybee.org

Return for month of		Daytime Phone#	
Business License Name		Email:	
OR Property Name		Business License#	
Number of Units		Business Address:	
Location of Lodging		Federal Tax ID#	
(Use page 2 if multiple)			

			for city use only
1	Total Charges for lodgings and meeting rooms (bring forward from attached schedule for multiple locations)		
2*	Deduct charges for lodgings furnished for more than 30 consecutive days. The taxes are due for the first 30 days; deduction begins on the 31st day		
3*	Deduct charges for meeting rooms		
4*	Deduct charges for lodgings furnished to Georgia State or local government officials or employees when traveling on official business		
5*	Deduct charges for lodging furnished as the result of destruction of occupant's residence by fire or other casualty		
6	Net taxable charges for lodging accommodations		
7	City excise tax – **7%** of Line 6		
8	Deduct 3% of Line 7, provided the amount due is not delinquent.		
9	Net tax payable to City of Tybee Island		
10	If return is postmarked after the 20th of the month in which payment is due: add 5% of Line 7 or $5.00 (whichever is greater) for every month Line 7 is delinquent.		
11	Subtotal lines 9 and 10		
12	Interest - Add 1% compounded for each month, or fraction thereof, that taxes (line 11) are delinquent		
13	**TOTAL AMOUNT REPORTED AND REMITTED TO THE CITY**		

***2-5 Deductions will not be allowed without documentation.**

Signature _____ Print or type name _____ Title _____

For use by City of Tybee Island

Postmark Date	*Check#*	*Date received*	*Amount*

HMTax10/209

Schedule of Locations

Monthly Tax Return for the month of _____

Business Name _____ Bus License# _____

***<u>Do not fill out this form if you only have one property address</u>.**

Street Address of Lodging	#Units	Standard Rate	Total Charges	Charges for lodging over 30 days	Charges for Meeting Room	Lodging for State or local government	Lodging furnished due to loss or casualty
Enter totals on lines 1-6 of the Hotel Motel Monthly Tax Return							