

CITY OF HENDERSONVILLE OCCUPANCY TAX

Assessment covers tax period from _____ to _____

Name(s) of Owner(s) _____		Business Name _____	
Owner's Address _____		Business Address _____	
City, State and Zip Code _____		City, State and Zip Code _____	
Telephone No. _____	Email Address _____	No. of Rooms/Spaces of Occupancy _____	State Sales Tax Account No. _____

1. Gross Rental Receipts from Occupancy of Rooms.....	\$ _____
2. Less Allowable Deductible and/or Excludable Receipts.....	\$ _____
3. Taxable Receipts (line 1 less line 2).....	\$ _____
4. Tax Due (4.00% of line 3).....	\$ _____
5. OPERATOR'S COMPENSATION: Deduct 2% of line 4 (allowable only if return is filed and tax is paid by due date).....	\$ _____
6. Interest @ 12% per annum.....	\$ _____
7. Penalty @ 1% per month (or fraction thereof that such taxes are delinquent).....	\$ _____
8. Total interest and penalty (add lines 6 and 7).....	\$ _____
9. TOTAL TAX DUE TO CITY OF HENDERSONVILLE (line 4 less line 5 if NOT DELINQUENT: If delinquent, line 4 plus line 8)	\$ _____

Mail Returns and Remittances To: City of Hendersonville Finance Department, 101 Maple Drive North, Hendersonville, TN 37075. 615-264-5317

RETURN AND REMITTANCE MUST BE IN THE ABOVE OFFICE NOT LATER THAN THE CLOSE OF BUSINESS ON THE 20TH DAY OF THE MONTH FOLLOWING THE MONTH FOR WHICH THIS REPORT IS SUBMITTED. CHECKS SHOULD BE MADE PAYABLE TO THE CITY OF HENDERSONVILLE. Under the penalties for perjury prescribed by law, I swear (or affirm) that this return (including any related schedules, statements and/or other documents) is, to the best of my belief and knowledge, a true, correct and complete return.

Signed _____ Title _____ Date _____