

# 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 (2.75% of line 3).....  | \$ _____ |
| 5. OPERATOR'S COMPENSATION:<br>Deduct 2% of line 4 (allowable only if return is filed and tax is paid by due date).....    | \$ _____ |
| 6. Interest @ 8% 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 CITY OF HENDERSONVILLE<br>(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 20<sup>TH</sup> 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 \_\_\_\_\_