Hotel/Motel Occupancy Excise Tax Return

Updated **JULY 2024**

NOTICE TO APPLICANTS

To avoid penalty and interest, this form must be filed and paid by the 20th of the month following the period for which the tax is due. Failure to pay by the due date will result in the imposition of penalty and interest (see line 10 & 11). If the 20th falls on a weekend or holiday, the return must be filed and paid, or postmarked, by the following business day. A return must be filed even if no tax is due. Please do not send cash by mail.

OFFICE USE ONLY

Date Postmarked or Received: ___________________________ City of Port Wentworth Occ Tax Lic No. _____________

Business Information

Return of the month ______________ of 20_____

Business Name ______________________________

Business Address______________________________

Business Owner Name ______________________

Business Owner Address____________________

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Number of Lodgings Rooms: ________________

Date Filed ____

Daytime Telephone Number _______________________

GA Sales Tax No. _________________________________

Short Term Vacation Rental No. ____________________

Federal Tax Identification Number _________________

Standard Rooms Rate $ ___________________________

Month Collection Totals $__________________________

Monthly Collection Totals

This return includes all excise taxes collected for the City of Port Wentworth on charges to the public for lodging accommodations during the above stated month.

1. Total charges for lodgings and meeting rooms. $ ________________________
   a. Deduct charges for lodging collected by third party (List each party)

      Agoda International $________________________

      Expedia, Inc $________________________

      Priceline $________________________

      Hotel Tonight $________________________

      Hopper (USA) Inc. $________________________

      ___________________________ $________________________

      Total Amount of Deducted Charges for lodging collected by third party $________________________
2. Deduct charges for lodgings furnished for a period of more than 30 consecutive days. The tax due for the first 30 days; do not deduct charges for days 1-30; deduct beginning on the 31st day. $ ________________________
3. Deduct charges for meeting rooms. $ ________________________

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4. Deduct charges for lodging furnished to Federal, Georgia state of local government officials or employees when traveling on official business. $________________________
5. Deduct charges for lodgings furnished as the result of destruction of the occupant's residence by fire or other casualty. $________________________
6. Net taxable charges for lodging accommodation. $________________________

Taxes Due

7. Total Tax Due – 8% $________________________
8. Deduct 3% of Line 7, provided the amount due is not delinquent $________________________
9. Total net tax payable to the City of Port Wentworth $________________________

Late Assessments

10. Penalty - If return is postmarked after the 20th of the month in which payment is due, add 5% of Line 9 or $5.00, whichever is greater if the failure is not more than 30 days. An additional penalty of 5% or $5.00, whichever is greater, shall be charged for each additional 30 days or portion thereof during which the failure continues. The penalty for any single violation shall not exceed 25% or $25.00 in the aggregate, whichever is greater. $________________________
11. Interest - Add 1% of total tax due (Line 7) for each month, or fraction thereof, that the tax return is delinquent in addition to penalty. $________________________

Total Amount of Tax Reported and Remitted to the City of Port Wentworth $________________________

Make checks payable to City of Port Wentworth and forward with this report and a copy of your corresponding month's Georgia Department of Revenue and Use Sales Tax Report (Form ST-3).

Signature

Print Name ____________________ Email Address ____________________

Address ____________________ Telephone Number ____________________

Signature ____________________ Title ____________________ Date ____________________