HAMILTON COUNTY TRUSTEE REQUEST FOR REFUNDS FOR NON-TRANSIENT TENANTS

HOTEL/MOTEL NAME:			DATE:	
ADDRESS:		HOTEL NUMBER:		
Name of Non- Transient	Beginning and Ending Date for Qualifying Non-Transient Period	Rent Charged and Assessed Occupancy Tax	Rent Charged and Assessed Occupancy Tax County (90 days) City (90 day	Qualified Non-Transient
TOTAL F	REQUEST FOR RI	EFUND		
T 1 1		· , • ,		
I hearby cer	tify that the above :	is a true and correct		(Taxpayer's Signature)
		(Internal Us	e Only)	
			•	
The above c	laim for refund is a	approved in the amo	unt of \$	(Annuound hu)
	_			(Approved by)
		Date	Check number	

<u>**Taxpaver instructions:**</u> Complete this form to request a refund for any occupancy taxes charged, collected, and remitted to the Hamilton County Trustee from Non-Transient tenants (defined as a persons who exercise Occupancy or an entitled to Occupancy for any room, lodging or accommodations in a HOTEL for a period of more than **90 days** for COUNTY purposes and more than **30 days** for CITY purposes).

List any tenants above from whom you have collected occupancy taxes who have reached Non-Transient status. List the applicable dates in which they have been charged taxes, the rent during the period they have been charged occupancy taxes, and the amount of occupancy taxes that you are requesting for refund. Note that the HOTEL is required to remit any applicable refunds from this request to the associated Tenant or apply the refund to the Tenant's account.

Mail completed form to: Hamilton County Trustee; 625 Georgia Avenue, Room 210; Chattanooga, TN 37402