

# HAMILTON COUNTY AND THE CITY OF SODDY DAISY HOTEL/MOTEL OCCUPANCY PRIVILEGE TAX

**IMPORTANT**  
To avoid penalty and interest this return and the necessary payment must be filed by the 20th of the month following collection

MAKE CHECK PAYABLE TO  
HAMILTON COUNTY TRUSTEE  
625 GEORGIA AVE, ROOM 210  
CHATTANOOGA, TN 37402

**IMPORTANT**  
Taxpayer must file return monthly even if no tax is due to the City or County

Account # 0      Reporting Period (Calendar Month) \_\_\_\_\_ Phone Number \_\_\_\_\_  
Business Name \_\_\_\_\_ Total Number of Rooms Rented   
Address \_\_\_\_\_

## Computation of Tax

1. Gross Consideration for Occupancy of Rooms  
(Item J on reverse side)
2. Deductions
  - a. Non-Transient Residents (Item M on reverse side)  
(Item N on reverse side)
  - b. State of Tennessee or Federal Government
3. Taxable Rents: Line 1 minus Line 2(a) and 2(b)
4. Tax Rate
5. Tax Due: Line 3 times Line 4
6. Accounting Fee Deduction: 2% of Line 5 (City Only)  
(Item D on reverse side)
7. Interest & Penalty  
(Item E on reverse side)
  - a. County 3% per month of fraction there of
  - b. City 2% per month or fraction there of
8. Any Prior Unpaid Balance
9. Overpayments: this amount will be applied to this tax return.
10. Total Due

COUNTY TAX	SODDY DAISY TAX
\$	\$
\$ 90 day continuous stay	\$ 30 day continuous stay
\$	\$
\$	\$
\$	\$
XXXXXXXXXXXXXXXXXX	\$
\$	XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX	\$
\$	\$
\$	\$
\$	\$

11. TOTAL REMITTANCE Line 9 for City and County \$

I certify under penalty of perjury that this return, including any accompanying schedule or statements, has been examined by me and is to the best of my knowledge and belief a true and complete return, made in good faith, for the reporting period stated.

Signature \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

## FOR OFFICE USE ONLY

Check # \_\_\_\_\_  
Completed By \_\_\_\_\_

\* The Explanations and Definitions page can be downloaded from <http://www.hamiltontn.gov/Trustee/hotel.aspx>.