



# DADE COUNTY BOARD OF COMMISSIONERS

71 Case Avenue, Suite 243 \* Trenton, GA 30752  
706-657-4625 \* Fax: 706-657-5116 \* [www.dadecounty-ga.gov](http://www.dadecounty-ga.gov)

## ACCOMMODATIONS EXCISE TAX REPORT

NAME: \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Reporting Period: From: \_\_\_\_\_ To: \_\_\_\_\_

### Instructions

- Line 1. Enter gross rent.
- Line 2. Enter total exempt rents from schedule A.
- Line 3. This will be line one (1) minus line two (2).
- Line 4. Calculate tax due by multiplying 0.08 times amount on line three (3).
- Line 5. If payment is made by 20<sup>th</sup> of month, calculate collection fee by multiplying 0.03 times amount on line four (4).
- Line 6. This will be line four (4) minus line five (5).

1. Gross Rent	_____
2. Less Exempt Rent (from Schedule A)	_____
3. Net Taxable Rent	_____
4. Tax Due (8%)	_____
5. Less Collection fee (3% of tax due, if paid by 20 <sup>th</sup> )	_____
6. Amount Due	_____

Remit amount on line 6 to: Dade County, Georgia, PO Box 370, Trenton, GA 30752-0370.

### SCHEDULE A-EXEMPTIONS CLAIMED

A. Fees for rooms, lodging, or accommodations furnished for periods of more than thirty (30) consecutive days \_\_\_\_\_

B. Meeting Room Accommodations \_\_\_\_\_

C. Fees for rooms, lodging, or accommodations furnished for use by Georgia state or local government officials or employees when traveling on official business \_\_\_\_\_

TOTAL EXEMPTIONS CLAIMED \_\_\_\_\_  
(Report on line 2 above.)

I certify that this return, including schedules 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 period stated

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Return prepared by: \_\_\_\_\_

MAIL REPORT TO: **DADE COUNTY BOARD OF COMMISSIONERS, ATTN: COUNTY CLERK,  
PO BOX 370, TRENTON, GA 30752-0370**

REPORT IS DUE (**EVEN IF NO RENT IS COLLECTED FOR THE MONTH**) AND PAYABLE ON THE 20TH OF THE MONTH FOLLOWING THE MONTH OF COLLECTION. (Retain a copy of this report for your records.) Taxpayers not filing this report on or before due date shall not be entitled to the collection fee and for any tax due shall bear interest at the rate of one percent (1%) per month or portion of month until said tax is paid.

(For Office Use Only)

Name of Business \_\_\_\_\_

Payment Received: \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt # \_\_\_\_\_