

**BETH G. JOHNSON
ROANE COUNTY CLERK**

200 E RACE STREET
PO BOX 546
KINGSTON, TN 37763

HOTEL/MOTEL/CAMPGROUND/OTHER OCCUPANCY TAX

****IMPORTANT: Taxpayer must file return even though no tax is due to the County Clerk. This report must be filed by the 20th day of the following month for which a report is due.**

Mailing Address

Location

Account: _____ Owner: _____

Number of rooms/spaces of occupancy: _____ Number of permanent residents including owners: _____

Assessment covers tax period from _____ to _____

Hotel/Motel Tax

1. Gross Receipts for occupancy of rooms/spaces	\$ _____
2. Deductions	\$ _____
3. Net Taxable Receipts (line 1 minus line 2)	\$ _____
4. Tax Due (5% of line 3)	\$ _____
5. Penalty (1% for each 30 days of delinquency or any portion of 30 days for tax on line 4)	\$ _____
6. Interest should be figured at 12% per annum. (daily rate is .000329 of line 4)	\$ _____
7. Less 2% compensation for owner/operator for the remittance of tax due on line 4 if not delinquent	\$ _____
8. Total amount due this report	\$ _____

I declare under the penalty of perjury that this return has been examined by me and to the best of my knowledge and belief; this is a true, correct, and complete return.

Signed: _____ Title: _____ Date: _____

**** Make checks payable to : ROANE COUNTY CLERK .****