COLUMBIA COUNTY BOARD OF COMMISSIONERS
FINANCIAL SERVICES DIVISION
P.O. BOX 498
EVANS, GA 30809

HOTEL/MOTEL NAME & ADDRESS **DATE** _____

_____
_____
_____
_____

NAME OF OWNER_____ **PHONE** _____

5% OF TAXABLE INCOME FOR RENT ON ROOMS IN HOTELS & MOTELS

TOTAL GROSS SALES	$_____
TAX EXEMPT SALES	$_____
TOTAL TAXABLE SALES	$_____
5% TAX	$_____
LESS 3% VENDOR COMPENSATION:	$_____
NET REMITTANCE:	$_____

Vendor's compensation deductible only when amount of tax due is not delinquent and is limited to 3% of the tax collected, for timely remittance with returns.

METHOD OF REPORTING IS THE CASH _____ ACCRUAL_____BASIS

I certify that this return, including the accompanying schedules or stmts., has been examined by me and is to the best of my knowledge and belief a true & complete return, made in good faith, for the period stated.

THIS _____ DAY OF _____ 20_____ _____
(SIGNATURE)

Return prepared by _____
(State whether individual, member of firm, or give title if officer of corp.)

ALL PAYMENTS ARE TO BE MADE PAYABLE TO:
COLUMBIA COUNTY BOARD OF COMMISSIONERS
FINANCIAL SERVICES
P. O. BOX 498, EVANS, GEORGIA 30809.

All books and records shall be subject to inspection and audit by the agents of Columbia County Commissioners to show compliance therewith. This return must be filed and postmarked by the 25th of the month, following the month the taxes are collected to avoid loss of vendor's compensation and the payment of penalty and interest.