

CITY OF DICKSON
City Tax Collector
600 East Walnut Street
Dickson, TN 37055
(615) 441-9503

Accommodation Tax
 Private Chapter No. 59
 Private Acts of 2001

**Mail Remittance & Return Form to
 above address made payable to
 City of Dickson, Tax Collector**

 Name of Owner(s)

 Hotel/Motel Name

 State Sales Tax Account No.

 Location

 Telephone No. No. of Rooms

 Mailing Address

 City State Zip

MONTH OF _____ 20____

1. Gross Rental receipts from Occupancy \$ _____
2. Less: Allowable Deductible and/or Excludable Receipts..... \$ _____
3. Taxable Receipts (line 1 less line 2)..... \$ _____
4. Tax due (5% of line 3)..... \$ _____
5. OPERATOR'S COMPENSATION:
 Deduct 2% of line 4 (allowable only if return is filled
 and tax is paid by 20th of each month)..... \$ _____
6. Interest @ 12% per annum..... \$ _____
7. Penalty @ 1% per month..... \$ _____
8. Total Interest and Penalty (add lines 6 and 7)..... \$ _____
9. **TOTAL TAX DUE CITY OF DICKSON**
 (line 4 less line 5 if NOT DELINQUENT; if
 delinquent, line 4 plus line 8)..... \$ _____

RETURN AND REMITTANCE MUST BE IN THE ABOVE OFFICE BY THE CLOSE OF BUSINESS ON THE 20TH DAY OF THE MONTH FOLLOWING THE MONTH ON WHICH THIS REPORT IS SUBMITTED. Under the penalties for perjury prescribed by law, I swear (or affirm) that this return (including any related schedules, statements and/or other documents) is, to the best of my belief and knowledge, a true, correct and complete return.

Signed _____ Title _____ Date _____