HOUSTON COUNTY BOARD OF COMMISSIONERS

FINANCE DEPARTMENT

200 Carl Vinson Parkway
Warner Robins, GA 31088
Phone: 478.542.2115

SHORT TERM VACATION RENTALS (STVR) & HOTEL/MOTEL EXCISE TAX FORM

Please prepare the Short Term Vacation Rental (STVR) & Hotel/Motel Excise Tax Form as instructed below. The form is to be returned to the Finance Department and will be accepted only if it is properly completed and signed. Please take time to read the instructions and look over the form before you begin. The form with all applicable taxes must be filed and paid by the 20th of the month following the period for which the tax is due. Please do not alter the original format and contents of the form.

When paid timely, the lodging provider may deduct and retain three percent (3%) of the amount of tax as a vendor's credit. For failure to pay by the due date, the lodging provider not only loses this vendor's credit, but also is subject to paying interest on the tax due. The interest rate is 1% per month or fraction thereof for each month the tax due is delinquent.

CALCULATION INSTRUCTIONS

LINE 1(a) Enter the gross total from the revenue received for lodging or accommodations via Short Term Vacation Rental Company bookings.

LINE 1(b) Enter the gross total from the revenue received for lodging or accommodations booked directly by the business and not through short term vacation rental or online travel company.

LINE 1(c) Enter the gross total from the revenue received for lodging or accommodations via On-Line Travel Company bookings.

LINE 2. Enter the total of Line 1(a) plus Line 1(b) plus Line 1(c).

LINE 3. Enter total amount exemptions from page 3, Line 5.

LINE 4. Enter total amount of Line 1(a) plus Line 1(c).

LINE 5. Enter the taxable receipts subject to Hotel/Motel Excise Tax by subtracting Line 3 & Line 4 from Line 2.

LINE 6. Enter the computed tax due by multiplying Line 5 by 5%.

LINE 7. A discount of 3% is allowed providing the form and amount due is not delinquent. Enter on Line 7 the discount allowed by multiplying Line 6 by 3%.

LINE 8. Failure to file a timely return and pay the full amount due by the 20th shall result in the assessment of interest on the tax due. Enter the interest due on line 8 by multiplying Line 6 by 1% per month or fraction thereof.

LINE 9. If timely, enter the amount due of Line 6 minus Line 7.
If delinquent, enter the amount due of Line 6 plus Line 8.

Print your name, title and a telephone number where you can be reached and sign and date the form prior to submitting to the Accomodation Excise Tax Section.

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SHORT TERM VACATION RENTAL (STVR) & HOTEL/MOTEL ACCOMODATION EXCISE TAX FORM

MONTH OR PERIOD ENDING: _____ Payment Date: _____

ACCOMODATION EXCISE TAX CERTIFICATE #: _____

OWNER NAME: _____

PROPERTY ADDRESS: _____

1.	GROSS RECEIPTS RECEIVED FOR LODGING/ACCOMODATIONS THROUGH:		
	(a) SHORT-TERM VACATION RENTAL (STVR) COMPANY BOOKINGS:	$ 0.00	(Please complete Page 2)
	(b) DIRECT SHORT TERM VACATION RENTAL/HOTEL BOOKINGS:	$ 0.00	
	(c) ONLINE TRAVEL COMPANY BOOKINGS:	$ 0.00	(Please complete Page 2)
2.	TOTAL GROSS RECEIPTS RECEIVED FOR LODGING OR ACCOMODATIONS (Lines 1a + 1b+1c)	$ 0.00	
3.	LESS: EXEMPT RECEIPTS (As allowed under O.C.G.A 48-13-51)	$	(Please complete Page 3)
4.	LESS: STVR OR ONLINE TRAVEL COMPANY BOOKINGS (PER O.C.G.A 48-13-50.4)(Line 1a + Line 1c)	$ 0.00	
5.	TAXABLE AMOUNT (Line 2 – Line 3 – Line 4)	$ 0.00	
6.	COMPUTED TAX (multiply Line 5 by 5%)	$ 0.00	
7.	3% DISCOUNT (multiply Line 6 by 3%) The 3% discount will be allowed only if payment is presented by the 20th day of the month; or mail is addressed and postmarked by the 20th day of the month following the month of reporting	$ 0.00	
8.	INTEREST (If delinquent, add 1% per month or fraction of month thereof of Line 6)	$ 0.00	
9.	**TOTAL AMOUNT DUE (Line 6 minus Line 7; or Line 6 plus Line 8)**	$ 0.00	

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MAKE CHECKS PAYABLE TO: Houston County Board of Commissioners
MAIL FORM & CHECK TO: ATTN: Finance Department - Excise Tax
200 Carl Vinson Parkway
Warner Robins, GA 31088

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____ _____
SIGNATURE PRINT NAME

_____ _____ _____
TITLE PHONE NUMBER DATE

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SHORT TERM VACATION RENTAL COMPANY NAME	AMOUNT RECEIVED
1.	$
2.	$
3.	$
4.	$
5.	$
6.	$
TOTAL AMOUNT RECEIVED	$

(Please place this amount on Page 1 Line 1(a)

ONLINE TRAVEL COMPANY NAME	AMOUNT RECEIVED $
1.	$
2.	$
3.	$
4.	$
5.	$
6.	$
TOTAL AMOUNT RECEIVED	$

(Please place this amount on Page 1 Line 1(c)

STVR & HOTEL/MOTEL TAX EXEMPTION WORKSHEET AS ALLOWED UNDER O.C.G.A 48-13-51(h)

FOR THE MONTH OR PERIOD ENDING: _____

1. Charges made for any rooms, lodgings, or accommodations provided to any persons who certify that they are staying in such room, lodging, or accommodation as a result of the destruction of their home or residence by fire or other casualty; $ _____

2. The use of meeting rooms and other such facilities or any rooms, lodgings, or accommodations provided without charge; $ _____

3. 3) Any rooms, lodgings, or accommodations furnished for a period of one or more days for use by Georgia state or local governmental officials or employees when traveling on official business. Notwithstanding the availability of any other means of identifying the person as a state or local government official or employee, whenever a person pays for any rooms, lodgings, or accommodations with a state or local government credit or debit card, such rooms, lodgings, or accommodations shall be deemed to have been furnished for use by a Georgia state or local government official or employee traveling on official business for purposes of the exemption provided by this paragraph. For purpose of the exemption provided under this paragraph, a local government official or employee shall include officials or employees of counties, municipalities, consolidated governments, or county or independent school districts; $ _____

4) Charges made for continuous use of any rooms, lodgings, or accommodations after the first 30 days of continuous occupancy. $ _____

5) **Total Exemptions** $ _____