TOWN OF CARYVILLE, TENNESSEE
HOTEL/MOTEL PRIVILEGE TAX RETURN

FILING PERIOD:	STATE SALES TAX ACCOUNT NO:	If this is an AMENDED RETURN, please check box at right → ☐
DUE DATE:	OPERATOR NAME AND LOCATION ADDRESS:	
FEIN:		

IMPORTANT: Returns must be postmarked by the due date to avoid loss of compensation and the assessment of penalty and interest. **RETURNS MUST BE FILED ON OR BEFORE THE 20TH DAY OF MONTH IMMEDIATELY FOLLOWING THE MONTH FOR WHICH THE TAX IS DUE.** Should you need assistance, please contact the Caryville City Recorder by calling 423-562-9478.

ROUND TO NEAREST DOLLAR
WRITE NUMBERS LIKE THIS

REMIT

				1	2	3	4	5	6	0	0

AMOUNT SHOWN IN ITEM 9 PAYABLE TO:

TOWN OF CARYVILLE
4839 OLD HIGHWAY 63
CARYVILLE, TN 37714

1. **GROSS OCCUPANCY RECEIPTS**.....	1)	0 0
2. **EXEMPT TRANSACTIONS** - Must be itemized on Schedule A., Reverse side	2)	0 0
3. **NET TAXABLE AMOUNT**- Subtract item 2 from item 3.....	3)	0 0
4. **TOTAL TAX** - 5.00% of item 3	4)	0 0
5. **OPERATOR' COMPENSATION** - Deduct 2.00% of the first $1,250.00 of the TOTAL TAX (item 4)..... (Deduct this amount only when return and payment are timely filed)	5)	0 0
6. **ENTER TOTAL OF APPLICABLE CREDITS** - Must be itemized on Schedule B., Reverse side	6)	0 0
7. **PENALTY** - If late filed, compute penalty at 10% for each 1 to 30 day period for which TAX or RETURN IS DELIQUENT..... (Maximum penalty not to exceed 25%. Minimum penalty is $10.00 regardless of amount of tax due or whether there is any tax due.)	7)	0 0
8. **INTEREST** - If filed late, compute interest at 12.50% per annum on the tax (Item 4 minus item 6 from the due date to date of payment.	8)	0 0
9. **TOTAL DUE** - If timely filed subtract items 5 and 6 from item 4. If fild late, subtract ites 6 from item 4 and add items 7 and 8.....	9)	0 0

I declare this to be a true, complete and accurate return to the best of my knowledge, information and belief.

OPERATOR
SIGN HERE → _____
Name Title Date

TAXPREPARER
SIGN HERE → _____
Name Title Date

FOR OFFICE USE ONLY:

POST MARK DATE: _____

DATE RECEIVED: _____