



**Hotel Occupancy Privilege Tax**  
**Metropolitan Code of Laws**  
**Title 5; Chapter 5.12**

**Metro Collections Office** collections.office@nashville.gov  
 P.O. Box 196300 Telephone 615-862-6215  
 Nashville, TN 37219-6300 Fax 615-880-2810

Account Number _____			Reporting Month _____			Year _____					
Mailing name _____				Business name _____							
Mailing address _____				Business address _____							
City _____		State _____		Zip _____		City _____		State _____		Zip _____	
Owners name _____						E-Mail Address _____			<b># of rooms</b> _____		

**Section 1 – Occupancy Tax**

1. Gross Rental Receipts from Occupancy of Rooms.....\$ \_\_\_\_\_

2. Allowed Deductible and /or Excludable Receipts (**# of exempt rooms**  ) .....\$ \_\_\_\_\_

3. Taxable Receipts (line 1 less line 2).....\$ \_\_\_\_\_

4. Tax Due (6% of line 3).....\$ \_\_\_\_\_

5. OPERATION COMPENSATION: Deduct 2% of line 4  
 (allowable only if return is filed and tax is paid by due date).....\$ \_\_\_\_\_

**COMPUTATION OF INTEREST AND PENALTY FOR DELINQUENT RETURN:**

6. Interest @ 8% per annum .....\$ \_\_\_\_\_

7. Penalty @ 1% per month.....\$ \_\_\_\_\_

8. **Total Occupancy Tax Due (line 4 less line 5 if NOT DELINQUENT; if delinquent add lines 4, 6 and 7)** \$ \_\_\_\_\_

**Section 2 – Additional Occupancy Tax**

1. Number of rooms rented per night \_\_\_\_\_ x \$2.50 .....\$ \_\_\_\_\_  
 (Number of nightly rentals during the month)

**COMPUTATION OF INTEREST AND PENALTY FOR DELINQUENT RETURN:**

2. Interest @ 8% per annum .....\$ \_\_\_\_\_

3. Penalty @ 1% per month.....\$ \_\_\_\_\_

4. Total Interest & Penalty.....\$ \_\_\_\_\_

5. **Total Tax Due (line1 if NOT DELINQUENT: if delinquent, line1plus line 4)**.....\$ \_\_\_\_\_

**TOTAL TAX DUE (Section 1 line 8 plus Section 2 line 5).....\$ \_\_\_\_\_**

***RETURN AND REMITTANCE MUST BE POSTMARKED ON OR BEFORE THE 20TH DAY OF THE MONTH FOLLOWING THE MONTH FOR WHICH THE REPORT IS SUBMITTED.***

Make remittance payable to:  
**METRO COLLECTIONS OFFICE**

Mail to: **COLLECTIONS OFFICE**  
 PO. BOX 196300  
 NASHVILLE, TN 37219-6300

Under the penalties for perjury prescribed by law, I swear (or affirm) that this return (including any related schedules, statements, or other documents) is, to the best of my knowledge, a true, correct and complete return.

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**Please make copy of this form for your records.**