DeKalb County Innkeepers Tax Return (This form may only be used for Innkeepers taxes collected in DeKalb County)

To be filed with County Treasurer's Office

					Amended Returi	
Federal Tax ID	State Tax ID		Period End Date		Due on or before the 20th day following the month collected.	
Entity Name				County Code	County Code	
Street		City		State	ZIP Code	
Location Name		Enter Address if Different From Above				
Authorized Signature	Т	otal Receipts from	Rental of Accommodations	Α.		
g		·	s of Accommodations			
that this is a true, correct and complete		et Taxable Receipt	s (Subtract Line B from Line A	A) C.		
		ounty Innkeepers	D			
		Collection Allowance (0.83%) Do Not Use this Line if the Payment is Late		E		
Phone Number:		et Tax Due (Subtra	F.			
Printed Name of Person Signing This Return			f \$5 or 10% of Line D (Plus In eturn is filed late			
			is a negative entry, use a negetition explanation)			
Title:		mount Due (Total L	ines F and G plus or minus H	l) l.		
		For annual interest rate see Department of Revenue Departmental Notice #3.				

Important: This form must be filed even though no tax is due.

Please file and remit payment to:

For Official Use Only