Public Accommodations Tax Return

Date: _____

Quarter Ended _____

Company:	
Address:	
State/Province:	
Zip/Postal code:	
Phone:	
Fax:	
Contact Name:	

Rabun County Board of Commissioners
25 Courthouse Square, Suite 201
Clayton, GA

30525
Phone: 706-782-5271
Fax: 706-782-7588
www.rabuncounty.ga.gov

	Amounts
Gross Room Rent or Charges	
Less Exempt Rent on Charges (over 95 days)	
Net Taxable Rent or Charges	
Amount of Tax Due X 5%	
Less 3 % of Tax Collection Fee if Submitted by the 15th	
Net Amount of Taxes Due	

Comments:

Taxes due the 15th of the month following the quarter-end date April 15th, July 15th, October 15th & January 15th

By submitting this report I hereby certify that the above is a true and accurate representation of rental payments received for the period stated.

Internal Use Only

Amount Paid: