# CITY OF HELEN
## Lodging Tax Monthly Return
## 8% Rate

**Important:** This return must be filed and taxes paid by the 20th day of the month following the month in which the tax is collected. **All fields must be filled out. Georgia Sales Tax Return must be attached.**

Return for month of _____ 20_____ Date Filed _____

Business Name _____ Business DBA Name _____

Mailing Address _____ 911 Address _____

_____ _____

Georgia Sales Tax No. _____ Phone Number _____

Number of Lodging Rooms/Units _____ Average Nightly Rate _____

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This return includes all excise taxes collected for the City of Helen on charges to the public for lodging. **Please note in the State of Georgia any additional fees such as, cleaning, pet, rollaway bed, or extra person fees are considered part of the accommodation sales price and are to be included in the tax collected to be remitted.**

1. Total charges for lodging and other taxable items, including cleaning, pet, rollaway bed, or extra person fees. $ _____
2. Exemptions:
   a) Deduct charges for lodging furnished for a period of more than 30 consecutive days. Do not deduct charges for lodging for days 1-30. Deduction begins on the 31st day. $ _____
   b) Deduct charges for lodging furnished to Federal, Georgia state or local, government officials or employees when traveling on official business. $ _____
   c) Total Exemptions. (Sum of Lines a-b) $ _____
3. Net taxable charges for lodging accommodations (Line 1 – Line c). $ _____
4. City excise tax – 8% of Line 3 $ _____
5. Deduct 3% of Line 4, as vendor's compensation, provided the amount due is not delinquent when paid. $ _____
6. Net tax payable to the City of Helen (Line 4 – Line 5). $ _____
7. Specific penalty – 5% of the tax due or $5.00 whichever is greater for each 30 days or fraction thereof delinquency, not to exceed 25% or $25.00 in the aggregate, whichever is greater. $ _____
8. Interest .52% (2021) per month or fraction thereof compound from date due until paid. $ _____
9. TOTAL AMOUNT REPORTED AND REMITTED TO THE CITY. $ _____

I CERTIFY THAT I HAVE EXAMINED THIS RETURN, AND IT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF A TRUE AND COMPLETE RETURN FOR THE PERIOD.

_____ _____ _____

Signature | Print or Type Name | Title

Mail Return and Payment to: City of Helen
P.O. Box 280
Helen, GA 30545

Physical Address: Helen City Hall
25 Alpenrosen Strasse
Helen, GA 30545