

**CITY OF SAVANNAH, GA  
CONVENTION DISTRICT HOTEL  
ROOM OCCUPANCY FEE RETURN**

HOTEL/MOTEL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

REPORT FOR MONTH OF: \_\_\_\_\_ YEAR: \_\_\_\_\_

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***THIS RETURN IS SUBJECT TO AUDIT***

- 1. Total number of room nights \_\_\_\_\_
- 2. Total number of room nights "comped" \_\_\_\_\_
- 3. Room nights subject to occupancy fee (Line 1 – Line 2) \_\_\_\_\_
- 4. Amount of Fee Due (Choose Applicable Rate Listed Below)
  - Line 3 x \$1.00 per night (within Convention District) \$ \_\_\_\_\_
  - Line 3 x \$2.50 per night (on Hutchinson Island) \$ \_\_\_\_\_
- 5. Penalty if delinquent (add the *greater* of 5% of line 4 or \$25.00) \$ \_\_\_\_\_
- 6. Interest if delinquent (add 1% of line 4 compounded for each month or fraction of each month) \$ \_\_\_\_\_
- 7. Total amount due (Please attach check to return) \$ \_\_\_\_\_

**PAYMENT MUST BE RECEIVED IN THE REVENUE DEPARTMENT LOCATED AT 305 FAHM STREET, SAVANNAH, GA 31401 OR BY MAIL AT P.O. BOX 1228, SAVANNAH, GA 31402 BY THE 20<sup>TH</sup> DAY OF THE MONTH FOR THE PRECEDING MONTH.**

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I declare under penalties prescribed that the information provided in this return is true and correct to the best of my knowledge and belief.

Signed \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

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Return this form together with check or money order for the amount shown on Line 7 made payable to the *City of Savannah Revenue Department* and attach your monthly Hotel/Motel Tax Return.