



# HOTEL-MOTEL TAX REPORT

Make Remittance Payable To:  
**PARISH AND CITY TREASURER**

**City Of Baton Rouge – Parish of East Baton Rouge**  
**Dept. of Finance – Revenue Division**  
P O Box 2590  
Baton Rouge, LA 70821-2590  
Phone (225) 389-3084 Fax (225) 389-5369  
[www.brgov.com/dept/finance](http://www.brgov.com/dept/finance)



**ROUND ALL FIGURES TO THE NEAREST DOLLAR**

Business Name: \_\_\_\_\_

Location: \_\_\_\_\_

Account Number: \_\_\_\_\_

Filing Period (Month and Year): \_\_\_\_\_

- 1. Gross Rentals \_\_\_\_\_
- 2. Allowable Deduction: \_\_\_\_\_
  - A. Federal, State & Local Government Rentals: \_\_\_\_\_
- 3. Tax Basis (Total Gross Rentals less Deduction): \_\_\_\_\_
- 4. Tax Due (4% of Line 3) \_\_\_\_\_
- 5. Penalty (5% per month after delinquent date): *Note: Maximum Penalty is 25%* \_\_\_\_\_
- 6. Interest (1.25% per month after delinquent date): \_\_\_\_\_
- 7. Total Due (Tax + Penalty + Interest): \_\_\_\_\_

Rooms <b>RENTABLE</b> this period	_____
Rooms <b>RENTED</b> this period	_____

CHECK #	TOTAL REMITTED
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Return is DUE on the 1<sup>st</sup> day of the month following the period covered by this return and becomes DELINQUENT if not postmarked prior to the 21<sup>st</sup> day.

For Assistance call (225) 389-3084

I declare, under the penalties for filing false reports, that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

<b>Date</b>	<b>Signature, Title</b>	<b>Phone</b>
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For Office Use Only: Postmark Date:	Return Type:	HOTEL-MOTEL
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