

City of Milan
1061 S Main
Milan, TN 38358



Ph. 731-686-3301
cityofmilantn.com

HOTEL/MOTEL OCCUPANCY TAX

IMPORTANT: Returns are due by the 20th of the month following the reporting period.

HOTEL NAME: _____

MAILING ADDRESS: _____

Tax Period covered from _____ to _____

Total Number of Rooms/Spaces of occupancy: _____

Number of Permanent Residents, including owner: _____

CITY TAX

1	Gross Receipts for occupancy of rooms/space	\$	-
2	Deductions for Permanent Residents staying 30 or more consecutive days.....	\$	-
3	Net Taxable Receipts (<i>line 1 minus line 2</i>)	\$	-
4	Tax Due (4% of line 3)	\$	-
5	Interest (<i>if paid after the 20th</i>)	\$	-
	(<i>Tax Due Amount x 0.12 x (# of months late / 12)</i>)		
6	Total Tax Due	\$	-

I certify under penalty of perjury that I have reviewed this return, and to the best of my knowledge, it is true, accurate, and complete.

Signature: _____

Title: _____

Date: _____

Please make checks payable to the City of Milan and return to City of Milan, 1061 S Main, Milan, TN 38358, ATTN: City Recorder.