

Grant Parish Sales and Use Tax Department
PO Box 187
Colfax, LA 71417
(318) 627-4106

Account Number: _____

Month/Year: _____

Hotel/Motel and Overnight Camping Facility Occupancy Tax Report

This return is DUE on the 1st day of the month following the period covered by this return and becomes DELINQUENT on the 21st day.

1. Gross Rentals		\$ _____
2. Less Allowable Deductions		
A. Rooms rented for less than \$3 per day	_____	
B. Rooms rented to government	_____	
C. Other. Please explain _____	_____	
Total Deductions		\$ _____
3. Amount Taxable		\$ _____
4. Total Amount of Tax Due	Rate 6%	\$ _____
5. Specific Penalty		\$ _____
6. Interest		\$ _____
7. Total Tax, Penalty & Interest		\$ _____

Please make your remittance payable to **Grant Parish Sales Tax Fund.**

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. If the return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has knowledge.

Date

Authorized Signature