

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

	30X 2390							
	n Rouge, LA 7082						FOR OFFICE USE ONL	LY
		Fax 225-389-5369					POSTMARK DATE	
www.t	brla.gov/659/Taxes						TRANSACTION TYPE	
				PLEASE INDICATE ANY	CHANGES BELOW:			
				PLEASE INDICATE ANT	CHANGES BELOW.			
This return is DUE on the 1st day of the month following the period covered by this return and becomes				DATE BUSINESS SOLD		DATE BUSINESS CLOS	ED	
DELINQUENT if not postmarked prior to the 21st day.								
					NA	ME OF NEW BUSINESS / BUSINESS	NAME CHANGE	
CHECK# PLEASE COMPLETE ROOM INFORMATION BELOW:								
TOTAL REMITTED No of Rooms RENT.		ABLE this	BUSINESS LOCATION CHANGE					
TOTAL KLIMITTED		period						
.00 CHARGE ON ALL "NSF" TOTAL OF COLUMNS (line 7) No of Rooms RENTED period		TED this	MAILING ADDRESS CHANGE					
			<u> </u>			W. WEING ABBITEGO OF IT	102	
DUND ALL NUMBERS AND Y	OUR CHECK TO	THE NEAREST DOLLAR						
	Г	LOCAL TAX RATES	I - 6%	II - 6%	III - 9%	IV - 9%	V - 4%	VI - 7%
		100/12 1/50/100/120	CITY OF BR or EBR PARISH	BATON ROUGE NORTH	0,0	11 0/0		1
		TAXING JURISDICTIONS	(Excluding BR North & Southern	ECONOMIC DEVELOPMENT	CITY OF BAKER	CITY OF ZACHARY	CITY OF CENTRAL	SOUTHERN UNIVERSITY ED
			Univ EDDs)	DISTRICT				
GROSS RENTALS							ı	
ALLOWABLE DEDUCTIONS	:							
Federal, Louisiana Stat	te & Louisiana Loc	al Government Rentals					ı	
TAX BASIS (Total Gross Rent	tals less Deduction	s)						
		<u> </u>						
TAX DUE (Line 3 x Percent in	Column Heading)						i	
DELINQUENT PENALTY (5% linquent, 25% max)	% of tax for each 30	days or fraction thereof					ı	
INTEREST (15% per annum from date until paid)								
TOTAL TAX, PENALTY AND INTEREST DUE (Sum of Lines 4-6)								
					<u> </u>	1		L
eclare under penalties for filing	false reports that t	his return, including any accompa	nving schedules and statements h	as been examined by me and to the	e best of my knowledge is a true	. correct, and complete return		
DATE	, also roporto triat t	sta.ri, inolaanig arry accompa	AUTHORIZED	as been examined by me and to the best of my knowledge is a true, correct, a SIGNATURE			PHONE NUMBER	
DAIL			AUTHORIZED	5.5.5 H OILE		THORE		EMAIL ADDRESS
]()		

BUSINESS NAME:

ACCOUNT NUMBER:

TAX PERIOD:

Month