

**CITY OF DICKSON**  
**City Tax Collector**  
**600 East Walnut Street**  
**Dickson, TN 37055**  
**(615) 441-9503**

Accommodation Tax  
 Private Chapter No. 59  
 Private Acts of 2001

**Mail Remittance & Return Form to  
 above address made payable to  
 City of Dickson, Tax Collector**

\_\_\_\_\_  
 Name of Owner(s)

\_\_\_\_\_  
 Hotel/Motel Name

\_\_\_\_\_  
 State Sales Tax Account No.

\_\_\_\_\_  
 Location

\_\_\_\_\_  
 Telephone No.      No. of Rooms

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 City                      State                      Zip

MONTH OF \_\_\_\_\_ 20\_\_\_\_

1. Gross Rental receipts from Occupancy .....\$ \_\_\_\_\_
2. Less: Allowable Deductible and/or Excludable Receipts..... \$ \_\_\_\_\_
3. Taxable Receipts (line 1 less line 2)..... \$ \_\_\_\_\_
4. Tax due (2.5% of line 3)..... \$ \_\_\_\_\_
5. OPERATOR'S COMPENSATION:  
 Deduct 2% of line 4 (allowable only if return is filled  
 and tax is paid by 20<sup>th</sup> of each month).....\$ \_\_\_\_\_
6. Interest @ 12% per annum.....\$ \_\_\_\_\_
7. Penalty @ 1% per month.....\$ \_\_\_\_\_
8. Total Interest and Penalty (add lines 6 and 7)..... \$ \_\_\_\_\_
9. **TOTAL TAX DUE CITY OF DICKSON**  
 (line 4 less line 5 if NOT DELINQUENT; if  
 delinquent, line 4 plus line 8)..... \$ \_\_\_\_\_

RETURN AND REMITTANCE MUST BE IN THE ABOVE OFFICE BY THE CLOSE OF BUSINESS ON THE 20<sup>TH</sup> DAY OF THE MONTH FOLLOWING THE MONTH ON WHICH THIS REPORT IS SUBMITTED. Under the penalties for perjury prescribed by law, I swear (or affirm) that this return (including any related schedules, statements and/or other documents) is, to the best of my belief and knowledge, a true, correct and complete return.

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