

BUSINESS NAME:

CITY OF NEW ORLEANS

To file return online, go to www.nola.gov

Check here if amended return.

TAX PERIOD:

Important! Include your 9-digit account number → ACCOUNT #:

H Short Term Rental Sales and Occupancy Taxes		- Do not use (\$) signs -	
H1	Gross Rentals (Total rental receipts made by property lessor including rental receipts collected and filed by third party (Short Term Rental platform), check H1A box to the right if using third party) <input type="checkbox"/> H1A	H1	.00
H2	Less Allowable Deductions (only lessor is allowed to deduct the rental receipts that were collected, reported and filed by third party as included on line H1). Third party platform name(s): _____	H2	.00
H3	TAXABLE AMOUNT (line H1 minus line H2)	H3	.00
H4	TAX DUE (11.75% of line H3. Any excess tax collected, include on this line and check box H4A to the right) <input type="checkbox"/> H4A	H4	.00
H5	Less Vendor's Compensation (1% of line H4 if timely)	H5	.00
H6	NET TAX DUE (line H4 minus line H5)	H6	.00
H7	Interest (1.25% of line H6 per month until paid if late)	H7	.00
H8	Penalty (5% of line H6 per month, not to exceed 25% if late)	H8	.00
H9	TOTAL AMOUNT DUE (add lines H6 through H8)	H9	.00
R Occupancy Privilege Tax			
R1	Total Guest Room Capacity (total number of sleeping rooms available for rent)	R1	
R2	Total Number of Rooms Rented (including rooms rented by third party)	R2	
R3	Less Allowable Deductions (only property lessor is allowed to deduct the number of rooms that were rented, reported/filed by third party (Short Term Rental platform) as included on line R2)	R3	
R4	TAXABLE ROOMS (line R2 minus line R3)	R4	
R5	TAX DUE (multiply \$0.50/room by line R4)	R5	.00
R6	Interest (1.25% of line R5 per month if late)	R6	.00
R7	TOTAL TAX AND INTEREST (line R5 plus line R6)	R7	.00
R8	Penalty (20% of line R7 if late)	R8	.00
R9	TOTAL AMOUNT DUE (line R7 plus R8)	R9	.00
O Residential Occupancy Fee – Permit "R" and "C"			
O1	"R" ROOM FEE DUE (Multiply \$5.00/room by Total Rooms "R" from R4: _____) O1		.00
O2	"C" ROOM FEE DUE (Multiply \$12.00/room by Total Rooms "C" from R4: _____) O2		.00
T1	TOTAL PAYMENT DUE (Add lines H9, R9, O1 and O2) T1		.00

To avoid interest and penalties, this return must be received with remittance on or before the 20th of the month following the period on this return. DO NOT use any other taxpayer's return, as this may result in an improper posting of your payment. No return will be accepted unless signed by the taxpayer or authorized agent.

I hereby certify under penalties of perjury that the information reported in this return is, to the best of my knowledge, true and correct.

DATE	TAXPAYER SIGNATURE
DATE	SIGNATURE OF PREPARER (IF NOT TAXPAYER)

* PLEASE SEND SEPARATE CHECKS FOR EACH REMITTANCE FORM *