

CITY OF NEW ORLEANS

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

BUSINESS NAME:

Check here if amended return.

TAX PERIOD:

Important! Include your 9-digit account number →

ACCOUNT #:

H Hotel - Motel Sales Tax		- Do not use (\$) signs -	
H1	Gross Rentals (see instructions)	H1	.00
H2	Less Total Allowable Deductions (see instructions)	H2	.00
H3	AMOUNT TAXABLE (line H1 minus line H2)	H3	.00
H4	TAX DUE (5% of line H3 and if any excess tax collected, include on this line and check box H4A to the right) H4A <input type="checkbox"/>	H4	.00
H5	Less Vendor's Compensation (1% of line H4 if not delinquent)	H5	.00
H6	NET TAX DUE (line H4 minus line H5)	H6	.00
H7	Interest (1.25% of line H6 per month)	H7	.00
H8	Penalty (5% of line H6 per month, not to exceed 25%)	H8	.00
H9	TOTAL AMOUNT DUE (add lines H6 through H8)	H9	.00
R Hotel Occupancy Privilege Tax			
R1	Hotel/Motel/Bed & Breakfast Guest Room Capacity (If Bed & Breakfast, check box R1A to the right) R1A <input type="checkbox"/>	R1	
R2	Number of Occupied Rooms per night for the month reported	R2	
R3	Rate of Tax per room/night (enter applicable rate based on room capacity reported on line R1) 300 or more room capacity-----\$1.00 per room/night 1 to 299 room capacity-----\$0.50 per room/night	R3	
R4	TAX DUE (multiply line R2 by line R3)	R4	.00
R5	Interest (1.25% of line R4 per month)	R5	.00
R6	TOTAL TAX AND INTEREST (line R4 plus line R5)	R6	.00
R7	Penalty (the greater of \$500.00 or 20% of line R6 if 10 rooms or more; if 9 rooms or less, 20% of line R6)	R7	.00
R8	TOTAL AMOUNT DUE (line R6 plus line R7)	R8	.00
T1	TOTAL PAYMENT DUE (line H9 plus line R8)	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 *