

# BALDWIN COUNTY LODGING EXCISE TAX RETURN

**DUE BY 20TH OF THE MONTH FOLLOWING SALES MONTH - Envelope must be postmarked by the 20th  
INFORMATION**

BUSINESS NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

RENTAL PROPERTY ADDRESS \_\_\_\_\_  
(If more than one rental property address, please include a list)

Return for the Month of \_\_\_\_\_

Number of Lodging Rooms \_\_\_\_\_ Number of paid rooms this month \_\_\_\_\_

## COMPUTATION OF TAX

|  |   |   |  |
|--|---|---|--|
| 1. TOTAL LODGING SALES.  | 1 |   |  |
| 2. TAX EXEMPT LODGING SALES (Enter amount from Section A - Line 4 - below)   | 2 | - |  |
| 3. NET TAXABLE SALES (Line 1 minus line 2)   | 3 | - |  |
| 4. GROSS TAX ( 5% of line 3 )  | 4 | - |  |
| 5. PENALTY (5% of the gross tax (line 4) or \$5.00 (whichever is greater) per month if not postmarked by the 20th) | 5 |   |  |
| 6. INTEREST (1% per month or fraction thereof from the date delinquent until paid)                                 | 6 |   |  |
| 7. AMOUNT DUE (Line 4 plus lines 5 and 6 )   | 7 | - |  |
|  |   |   |  |
|  |   |   |  |

## SECTION A - TAX EXEMPT LODGING SALES

|  |   |   |  |
|--|---|---|--|
| 1. Permanent Residents (accommodations for more than thirty (30) consecutive days) | 1 |   |  |
| 2. Meeting Room  | 2 |   |  |
| 3. Georgia State or Local Government Officials or Employees                        | 3 |   |  |
| 4. TOTAL TAX-EXEMPT LODGING SALES ( Line 2 on Computation of Tax)                  | 4 | - |  |

## CHANGE TO REGISTERED INFORMATION

FOR ANY CHANGES , CHECK PROPER BOX(ES) AND FURNISH APPLICABLE INFORMATION BELOW

|                          |                            |       |
|--------------------------|----------------------------|-------|
| <input type="checkbox"/> | New Business Location      |       |
| <input type="checkbox"/> | New Trade Name             | _____ |
| <input type="checkbox"/> | New Owner(s)               | _____ |
| <input type="checkbox"/> | New Mailing Address        | _____ |
| <input type="checkbox"/> | New Telephone No.          | _____ |
| <input type="checkbox"/> | Date Business Discontinued | _____ |

I certify that the information provided above is accurate and in accordance with  
Georgia Laws 48-13-50 through 53 and the ordinances of Baldwin County, Georgia.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Return Prepared by: \_\_\_\_\_  
Printed Name and Title

Contact info: \_\_\_\_\_  
Phone number and Email

**Make check payable to: Baldwin County Board of Commissioners  
REMIT TO: 1601 N Columbia ST, Suite 230  
Milledgeville, GA 31061**