The City of
TROY

P.O. Box 549 · 306 East Academy Street · Troy, Alabama 36081
Phone: 334.670.6008 · Fax: 334.808.7404

Monthly Lodging Tax Return

Required by Ordinance No. 27, Approved January 12, 1988
As Amended by Ordinance No. 180, Approved December 12, 2000

FOR THE MONTH BEGINNING , 20 AND ENDING , 20

Name of Business: _____
Business Address: _____
Mailing Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____
Contact: _____

MAIL THIS RETURN WITH REMITTANCE TO:
City of Troy
Attn: City Clerk
PO Box 549
Troy, Alabama 36081
(334) 566-0177

Please make all checks payable to City of Troy.

Computation Of The Tax

1	Total gross charges from the rental of rooms and other rentals and services furnished for this period	
2	Amount of Tax due (Equals 4% of item 1) *Deliquent if filed and paid after the 20th of the suceeding month.*	$ 0.00
3	Discount (Equals 3% of Item 2) *Allowed only if filed on the proper form and paid on time.*	$ 0.00
4	Penalty for late filing and payment (Equals 10% of Item 2)	
5	Interest for late filing and payment (Equals 1% per month or portion thereof)	
6	**Total Lodging Tax Due**	$ 0.00

Remittance Information

Remittance Type	Check Number *(if applicable)*	Amount Remitted
☐ Cash ☐ Check ☐ Other_____		

This Lodging Tax Return Form with remittance attached must be returned to the City of Troy, Alabama and must reach City Hall on or before the 20th day of the month succeeding the month covered by this return.

Under the penalties of perjury, I declare that this Lodging Tax Return, including any accompanying schedules or statements, has been examined by me and is to the best of my knowledge and belief a true, correct and complete return made in good faith, for the month stated pursuant to the provisions of Ordinance 27 approved January 12, 1988, as amended by Ordinance 180 approved December 12, 2000.

This _____ day of _____, 20_____.

Signature _____ Title _____
(Owner or Agent)