

Print Form

**CITY OF MARIETTA**  
Business License Division, 205 Lawrence St., P. O. Box 609  
Marietta, GA 30061 Telephone (770) 794-5520

**Rental Motor Vehicle Excise Tax Reporting Form**

Account #:

**Location:**

1. For the Month Ending: (Enter month/day/year)	1. _____
2. Gross Receipts	2. _____
3. Exclusions	3. _____
4. Taxable Receipts (Line 2 minus Line 3)	4. _____
5. Excise Tax (3% of Line 4)	5. _____
6. Collection Allowance* Only if timely (3% of Line 5) Timely? <input type="checkbox"/>	6. _____
7. Subtotal (Line 5 minus Line 6)	7. _____
8. Penalty (5% of Line 5, if postmarked after due date <input type="checkbox"/> )	8. _____
9. Interest (Line 5 X 1% X number of months or any part thereof <sup>1</sup> )	9. _____
10. Total Due (Sum of Lines 7, 8 and 9)	10. _____

**\*This report must be filed and paid by the 20<sup>th</sup> day of the month following the period for which the tax is due. Take collection allowance only if timely filed and paid as evidenced by postmark of United States Postal Service.**

I certify that this return, including the accompanying schedules or statements, has been examined by me and is, to the best of my knowledge and belief, a true and complete return made in good faith for the period stated. This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Return prepared by: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_