

CITY OF GATLINBURG, TENNESSEE - GROSS RECEIPTS TAX RETURN

REPORT FOR MONTH OF _____, 2017

CUSTOMER COPY

IMPORTANT PLEASE READ INSTRUCTIONS BELOW CAREFULLY BEFORE COMPLETING FORM.

- YOUR TAXES BECOME DELINQUENT THE 21ST DAY OF THE MONTH FOLLOWING THE PERIOD COVERED.
- ON THE FORMS ENCLOSED ENTER MONTH COVERED. YOUR GROSS RECEIPTS, TOTAL TAX DUE AND ANY PENALTY AND INTEREST DUE. TOTAL LINES 2,3, AND 4 AND ENTER THE TOTAL AMOUNT IN LINE 5
- FILL OUT THE THREE COPIES. DETACH TOP COPY, SIGN THE COPIES AND RETURN LAST TWO COPIES WITH YOUR PAYMENT
- FOR QUESTIONS OR INFORMATION PLEASE CALL (865) 436-1405

TO: CITY OF GATLINBURG
P.O. BOX 5
GATLINBURG, TN 37738

PLEASE PRINT BUSINESS NAME AND ADDRESS BELOW IF BLANK OR INCORRECT.

1) Total Gross Receipts for Month	
2) Total Gross Receipts Tax (1.25% of Line 1)	
3) Penalty (5% of tax for each 30 days or fraction thereof delinquent, max. 25%)	
4) INTEREST, if filed late, add 10% per annum of line 2.	
5) Total amount due (Sum of lines 2,3, and 4)	

Print Business Name and Account Number

Please retain this copy for your records
Return Other 2 Copies to the City of Gatlinburg

Customer Copy

CITY OF GATLINBURG, TENNESSEE - GROSS RECEIPTS TAX RETURN

REPORT FOR MONTH OF _____, 2017

Print Business Name and Account Number

Copy 1 - Please Return Copy 1 and 2 to City

1) Total Gross Receipts for Month	
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3) Penalty (5% of tax for each 30 days or fraction thereof delinquent, max. 25%)	
4) INTEREST, if filed late, add 10% per annum of line 2.	
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CITY OF GATLINBURG
P.O. Box 5
Gatlinburg, TN 37738

SIGNATURE

City Copy #1

CITY OF GATLINBURG, TENNESSEE - GROSS RECEIPTS TAX RETURN

REPORT FOR MONTH OF _____, 2017

Print Business Name and Account Number

Copy 2 - Please Return Copy 1 and 2 to City

1) Total Gross Receipts for Month	
2) Total Gross Receipts Tax (1.25% of Line 1)	
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4) INTEREST, if filed late, add 10% per annum of line 2.	
5) Total amount due (Sum of lines 2,3, and 4)	

CITY OF GATLINBURG
P.O. Box 5
Gatlinburg, TN 37738

SIGNATURE

City Copy # 2