

CITY OF GATLINBURG, TENNESSEE - RESTAURANT PRIVILEGE TAX RETURN

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 TOTAL TAX DUE AND ANY PENALTY AND INTEREST DUE. TOTAL LINES 4, 5 AND 6 AND ENTER THE TOTAL AMOUNT IN LINE 7

FILL OUT THE THREE INSERTS IN SAME ORDER AS TAKEN FROM ENVELOPE.

SIGN THE COPIES AND RETURN LAST TWO COPIES WITH YOUR PAYMENT

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

PLEASE PRINT BUSINESS NAME AND ADDRESS ON EACH FORM IF BLANK OR INCORRECT.

REPORT FOR MONTH OF _____, 2016	
1) Total Restaurant Receipts for Month	
2) Less Exempt Transactions (Itemize on back of page)	
3) Net Proceeds (Line 1 minus Line 2)	
4) Total Restaurant Receipts Tax (1.50% of line 3)	
5) Penalty (1/2 of 1% of tax for each 30 days or fraction thereof delinquent)	
6) INTEREST, if filed late, add 10% per annum of Line 4.	
7) TOTAL AMOUNT DUE (Sum of lines 4, 5 and 6)	
8) Total Beer Sales (Included in Line 1)	

Print Business Name and Account Number

**Please retain this copy for your records. Return Other 2 Copies to the City of Gatlinburg
For questions or information: Call (865) 436-1405**

CUSTOMER COPY

CITY OF GATLINBURG, TENNESSEE - RESTAURANT PRIVILEGE TAX RETURN

Print Business Name and Account Number

REPORT FOR MONTH OF _____, 2016

Copy 1 - Please Return Copy 1 and 2 to City

1) Total Restaurant Receipts for Month	
2) Less Exempt Transactions (Itemize on back)	
3) Net Proceeds (Line 1 minus Line 2)	
4) Total Restaurant Receipts Tax (1.50% of line 3)	
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**CITY OF GATLINBURG
P.O. Box 5
Gatlinburg, TN 37738**

SIGNATURE

CITY COPY #1

CITY OF GATLINBURG, TENNESSEE - RESTAURANT PRIVILEGE TAX RETURN

Print Business Name and Account Number

REPORT FOR MONTH OF _____, 2016

Copy 2 - Please Return Copy 1 and 2 to City

1) Total Restaurant Receipts for Month	
2) Less Exempt Transactions (Itemize on back)	
3) Net Proceeds (Line 1 minus Line 2)	
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7) TOTAL AMOUNT DUE (Sum of lines 4, 5 and 6)	
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SIGNATURE

CITY COPY #2