



**CITY OF PRATTVILLE, ALABAMA
TRANSIENT OCCUPANCY TAX REPORT**

ACCOUNT NO. _____

TOTAL AMOUNT ENCLOSED:

REPORTING PERIOD _____

(THIS RETURN ONLY FOR THE BUSINESS SHOWN BELOW)

USE BUSINESS STAMP HERE IF APPLICABLE

Number of Room Nights (A)	Per Room Per Night Fee (B)	Total Fee Due (A x B)
	\$1.50	
	TOTAL FEE DUE	

This return must be postmarked by the 20th of the month following the reporting period for which you are filing to be considered a timely return.

By signing this report I am certifying that this report, including any accompanying schedules or statements, has been examined by me and is to be the best of my knowledge and belief, a true and complete report for the period stated.

Date _____

Title _____

Phone (_____) _____

Email _____

Signature _____

Print Name _____

MAIL THIS RETURN WITH REMITTANCE TO:

**CITY OF PRATTVILLE
PO BOX 680190
PRATTVILLE, AL 36068**