

## FY2024 Hotel/Motel Tax Report

### Introduction

Thank you for taking the time to complete the FY2024 Hotel/Motel Tax (HMT) Report. If your Government has any other HMT Reports outstanding, make sure to click the links to the other surveys from our website here: [HMT](#)

### [Homepage](#)

You can check which HMT Reports your government has completed here: [HMT Dashboard](#)

You can log out after completing any question and return at a later time to complete or modify that question or others. Also, you must provide a working email address to receive a confirmation email that DCA has received your report response.

For government's collecting at 5% or above, you will need to consult with your Destination Marketing Organization (DMO) in order to complete this report. They will need to fill out the Tourism, Convention, and Tradeshow (TCT) Project Contractor Information Schedule (PCIS) form for you, in order for you to input this information into the report later

on.

Here is the PCIS form to send to your DMO:

[PCIS\\_TCT](#)

For government's collecting under O.C.G.A. 48-13-51(b), then whomever is spending your Tourism Product Development (TPD) dollars, they will need to complete the PCIS form, in order for you to input this information into the report later on.

Here is the TPD PCIS form:

[PCIS\\_TPD](#)

## Section I: Tax Authorization Verification

### Section I: Tax Authorization Verification

Tax Authorization Paragraph	Tax Rate	Ordinance
$\$ \{e://Field/HMT\%20Paragraph\}$	$\$ \{e://Field/HMT\%20Rate\}$	$\$ \{$

Is the above information correct?

☐ Yes

☐ No

## Section II

### Section II: Tax Revenues Received

How much Hotel/Motel Tax was collected this fiscal year?

How much Hotel/Motel Tax was expended from State Park receipts for tourism promotion prominently featuring State Park facilities?

If you collected and expended amounts related to a State Park this report year, enter the full name of the State Park below:

State Park 1

State Park 2

State Park 3

State Park 4

## Section IV

### Section IV: Report Certification

Name of Chief Elected Official:

Title of Chief Elected Official:

Name of Person Completing this Report:

Email (HMT Report will be emailed to this email after completion):

Telephone Number:

Date of Report:

By signing below, I certify that the information included on the previous pages is complete and accurate.

×

**SIGN HERE**