

Lenoir City Finance Dept.

P.O. Box 445
Lenoir City, TN 37771
Phone: (865) 986-2227
Fax: (865) 988-5143

Claim for Credit or Refund of Hotel-Motel Tax

Please use exact information as it appears on your account. Print or Type.

Name of Hotel or Motel: _____

Mailing Address: _____

City	County	State	Zip
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Owner of Hotel or Motel: _____

Taxable Period (or Year): _____

Date Hotel-Motel Tax was paid: ___ / ___ / ___ Amount Paid: \$ _____

Amount Claimed as Credit: \$ _____

Please list name(s), beginning and end date, and tax paid for the first thirty (30) days of occupancy.

Name: _____

Beginning Date: _____ End Date: _____

Tax Paid: \$ _____

Please attach a copy of billing for the first thirty (30) days.

Under the penalties of perjury, I declare that the statement(s) made in support of this claim are true, correct, and complete to the best of my knowledge and belief.

Signature: _____
Taxpayer officer or Authorized Representative

Title: _____ Date: _____

Print: _____

Phone Number: (_____) _____