



HOTEL OCCUPANCY TAX REPORT

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This form is due by the 20th day of the month after quarter end. Incomplete reports can be erroneously applied to the wrong account. Please fill out all required* fields.

	QUARTER END DATE	PAYMENT DUE DATE
1 st	March 31	April 20
2 nd	June 30	July 20
3 rd	September 30	October 20
4 th	December 31	January 20

Taxpayer Name and Mailing Address:*

Quarter Ending Date:*	Texas Tax ID Number (TIN) or SSN:*

Hotel Name, Registration Number, Address:*	Total Taxable Receipts <i>including fees</i> :*

Extra space provided on page 2

TOTAL TAXABLE RECEIPTS:\$ _____

TAX DUE (5%):\$ _____

PENALTY (ADD 5% OF TAX DUE IF 30 DAYS LATE):\$ _____

PENALTY (ADD 10% OF TAX DUE IF 60 DAYS LATE):\$ _____

PENALTY (ADD 15% OF TAX DUE IF 90 DAYS LATE):\$ _____

PENALTY (ADD 15% EACH ADDITIONAL 30 DAY PERIOD LATE):\$ _____

TIMELY FILING DISCOUNT (DEDUCT 1% OF TAX DUE*):\$ _____

*The discount is applicable only if we receive payment on or before the 20th day of the month following quarter end.

TOTAL DUE: \$ _____

*****You must complete and sign this form even if no tax is due. Please let us know if this will be your final return.*****

Signature of Owner/Authorized Agent*

Date*

REPRINT AND COMPLETE THIS PAGE FOR ADDITIONAL ENTRIES

Taxpayer Name and Mailing Address:*

Hotel Name, Registration Number, Address:	Total Taxable Receipts <i>including fees</i>:
Hotel Name, Registration Number, Address:	Total Taxable Receipts <i>including fees</i>:
Hotel Name, Registration Number, Address:	Total Taxable Receipts <i>including fees</i>:
Hotel Name, Registration Number, Address:	Total Taxable Receipts <i>including fees</i>:
Hotel Name, Registration Number, Address:	Total Taxable Receipts <i>including fees</i>:

Signature of Owner/Authorized Agent*

Date*