

CITY OF HOUSTON REPORT OF HOTEL OCCUPANCY TAX

NAME
ADDRESS

ACCOUNT NO.
For Quarter Ending:
Due Date:

	Month 1	Month 2	Month 3	Quarter Total
1. GROSS RECEIPTS DURING REPORTING PERIOD	\$ _____	\$ _____	\$ _____	\$ _____
2. 30-DAY RESIDENCY EXEMPTIONS (RECEIPTS)	\$ _____	\$ _____	\$ _____	\$ _____
3. OTHER EXEMPTIONS (RECEIPTS) *	\$ _____	\$ _____	\$ _____	\$ _____
4. TOTAL EXEMPTIONS (LINE 2 + LINE 3)	\$ _____	\$ _____	\$ _____	\$ _____
5. TOTAL TAXABLE RECEIPTS (LINE 1 - LINE 4)	\$ _____	\$ _____	\$ _____	\$ _____
6. <u>AMOUNT OF TAX DUE @ 7% (LINE 5 X .07) **</u>	\$ _____	\$ _____	\$ _____	\$ _____
7. PENALTY @ 15% (LINE 6 X .15 AFTER DUE DATE)	\$ _____	\$ _____	\$ _____	\$ _____
8. INTEREST (LINE 6 X .00833 X # OF MOS. PAST DUE)	\$ _____	\$ _____	\$ _____	\$ _____
9. <u>TOTAL AMOUNT DUE</u>	\$ _____	\$ _____	\$ _____	\$ _____

OWNER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE NO: _____-_____-_____

I declare, under penalties prescribed, that the information contained in this document is true and correct to the best of my knowledge.

SIGNED: _____ DATE: _____

Authorized Signature

Month/Day/Year

**RETURN REPORT AND PAYMENT TO:
CITY OF HOUSTON
Hotel Occupancy Taxes
P. O. Box 200734
Houston, Texas 77216-0734**

PLEASE ATTACH A COPY OF YOUR STATE REPORT
For information please call 713.837.0608

* Religious, Charitable and Educational organizations are NOT exempt from City taxation. All other State exemptions apply to City taxes.

** City Hotel Taxes are charged on sleeping rooms only, not banquet or meeting rooms.