

CITY OF HITCHCOCK
P.O. Box 48 Hitchcock, TX 77563
HOTEL OCCUPANCY TAX REPORT

Trade Name: _____ Location Address: _____
Owners Name: _____ Mailing Address: _____
Contact: _____ Title: _____
Telephone Number: _____ E-mail Address: _____ FAX: _____

Reporting Period:

OCT/NOV/DEC (4th Q) ___ JAN/FEB/MAR (1st Q) ___ APR/MAY/JUN (2nd Q) ___ JUL/AUG/SEPT (3rd Q) ___

Is this location still in business? ___ Yes ___ No. If no, as of what date sold/transferred/closed: _____

If this location has been sold or transferred, provide the new trade name, owner's name, address and phone number.

Trade Name	Owner's Name	Address	Phone
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	<u>Gross Receipts</u>	<u># of Room Nights Booked</u>
First Month (Month end Date/Year) _____	\$ _____	_____
Second Month (Month end Date/Year) _____	\$ _____	_____
Third Month (Month end Date/Year) _____	\$ _____	_____
TOTAL TAXABLE RECEIPTS for QUARTER	\$ _____	
TAX RATE	X <u>7%</u>	
TAX DUE	\$ _____	
LESS 1% if PAID BEFORE Due Date	\$ _____	
TAX DUE AFTER 1% DISCOUNT	\$ _____	
PLUS 5% PENALTY IF PAID <u>AFTER</u> DUE DATE:	\$ _____	
TOTAL TAX DUE/PAID	\$ _____	

I _____ (print name), declare that the information contained in this document covering the above period is accurate, true and correct, to the best of my knowledge and belief.

Date	Title or Capacity	Signature
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Occupancy Tax Due on the following Dates:

- First Quarter (JAN/FEB/MAR) - April 20th
- Second Quarter (APR/MAY/JUN) - July 20th
- Third Quarter (JUL/AUG/SEPT) - October 20th
- Fourth Quarter (OCT/NOV/DEC) - January 20th