

**CITY OF ELGIN
HOTEL OCCUPANCY TAX REPORT**

- A REPORT MUST BE FILED EVEN IF NO TAX IS DUE
- DO NOT WRITE IN SHADED AREAS

a. c. Taxpayer number

d. Filing period

e.

f. Due date

g. Name and mailing address (Make any necessary name changes below.)

h. **IMPORTANT**
 Blacken this box if any preprinted information has changed. Show changes by the preprinted information. 1.
 Blacken this box if any location shown is no longer in business. Write the location number and the date you went out of business below. 2.
 LOCATION NUMBER _____ OOB DATE _____
 1. 2.

1. NUMBER OF ROOMS	2. LOCATION TRADE NAME AND ADDRESS	3. LOCATION NUMBER	4. TOTAL ROOM RECEIPTS	5. TOTAL TAXABLE RECEIPTS

k. T Code ■ 75180

6. Total room receipts for ALL locations (Item 4 from this and all supplemental pages) 6. ■ _____

7. Total taxable receipts for ALL locations (Item 5 from this and all supplemental pages) 7. ■ _____

8. Total tax due (7 % of Item 7) 8. ■ _____

9. Discount (If paid on time, enter 1% of Item 8) 9. _____

10. Tax due after discount (Item 8 minus Item 9) 10. _____

11. Penalty (See instructions) 11. _____

12. Interest (See instructions) 12. _____

13. TOTAL AMOUNT DUE AND PAYABLE (Item 10 plus Item 11 and Item 12) 13. ■ _____

Taxpayer name

i.

m.

■ T Code ■ Taxpayer number ■ Period

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.

sign here ▶ Duly authorized agent

Daytime phone (Area code and number) _____ Date _____

Mail Payment to: City of Elgin
PO Box 591
Elgin, TX 78621