



P. O. Box 1744 -- Center, TX 75935-1744
Phone: (936) 598-2941 -- FAX: (936) 598-2615

Hotel and Motel Occupancy Tax Report

(City Ordinance No. 84-8)

Reporting Period Months

Reporting Period Year

- 1st Quarter -- January thru March
2nd Quarter -- April thru June
3rd Quarter -- July thru September
4th Quarter -- October thru December
Monthly Reporting Period (if applicable)

Blank lines for reporting period year

Table with Accounting Dept. Entry Detail, Trans. 800, G/L# 08-500-50950, Check #

Due Date -- Last day of the next month following each quarterly period

Business Name:
DBA (if applicable):
Address-Street/P.O. Box:
City, State, Zip
Taxpayer I. D. Number:

Please provide the following information --

Total All Receipts
Total Non-Taxable Receipts
Total Taxable Receipts
Total Amount of Tax Due to City this Quarter (Multiply Taxable Receipts by 7% )
Balance Owed From Preceeding Quarters
Amount to be Remitted to City

If the amount of "Taxable Receipts" you report to the State and the "Taxable Receipts" you report to the City are different - Please note the variance amount and give an explanation for the variance.
(Information reported is reconciled with State Quarterly Report for Hotel Occupancy Receipts)
Variance Amount - \$ -- Explanation:

Please Remit to: City of Center
Attn: Accounting Adm.
P. O. Box 1744
Center, TX 75935-1744

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

Date
Signature
Printed Name