

Remit to:

City of Jonestown

License # _____

Attn: Finance Department
18649 FM 1431, Suite 4-A
Jonestown, TX 78645

HOTEL OCCUPANCY TAX QUARTERLY REPORT

IF NO TAX IS DUE, REPORT STILL MUST BE COMPLETED

Owner Name: _____ Establishment Name: _____

Location Address: _____

Mailing Address: _____
(if different from above)

Contact Name: _____ Telephone Number: _____

FOR THE QUARTER ENDING:

March 31, 20____	June 30, 20____	September 30, 20____	December 31, 20____
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1. Total taxable receipts	\$ _____
2. Total tax due (7% of item 1)	\$ _____
3. Total amount due and payable	\$ _____

CHECKS SHOULD BE MADE PAYABLE TO THE CITY OF JONESTOWN

I declare that the information contained in this document and any attachments covering the above period is accurate, true, and correct, to the best of my knowledge and belief.

Authorized Agent Signature: _____ Date: _____

AS VERIFICATION OF TAXABLE RECEIPTS, PLEASE ATTACH EITHER A COPY OF YOUR STATE HOTEL TAX RETURN, OR A SCHEDULE OF RECEIPTS SHOWING THE DATES YOUR CUSTOMERS STAYED AT YOUR SHORT-TERM RENTAL AND THE GROSS AMOUNTS YOUR CUSTOMERS PAID.

TOTAL AMOUNT DUE MUST BE RECEIVED ON OR BEFORE THE LAST DAY OF THE MONTH FOLLOWING EACH QUARTER (April 30, July 31, October 31, January 31)