

Hotel Occupancy Tax Report

Date:	Total Number of Rental Rooms:
Month Ending:	Actual Number of Rooms Rented:
Lodging	Average Daily Rate:
Stephenville, TX 76401 Mailing Address: (if different from above)	Percent Occupancy
	Total Receipts:
	Less: Tax Exempt Receipts:
	Taxable Receipts:
	Amounts of Tax (7%):
	Amount of Sports Venue Tax (2%):
Report Due Date:	Total Combined Tax Due:
Penalty Date:	Penalty (15% if late 1 full quarter):
Days Late:	Interest (1% per month):
	Total Amount Due:
"I declare under Penalties prescribed in City of Stephenville Code of Ordinance Chapter 36 Article II that the information contained in this document is true and correct to the best of my knowledge."	
Name of person completing this report:	
Title:	Telephone:
Signature:	Date:
Report and payment are due on or before report must be filed even if there is no tax	the 25th day of the following month. This monthly due.

If the business has been sold, please include the new owner's name, address, and date of sale

Attach:

Total Amount Due

Copy of State Report

Director of Finance 298 W. Washington Stephenville, TX 76401

City of Stephenville

with report.

Remit to: