



City of Port Aransas
Hotel / Motel Occupancy Tax Report
Filing Type: Monthly

For the Reporting Period Ending: _____ Due Date: _____

Business Name: _____ Contact Name: _____

Mailing Address: _____ Business Address: _____

STR# _____

1. A. Gross Revenue for the Reporting Period: \$ _____

B. Less Exempt Room Receipts: \$ _____

C. Taxable Gross Revenue for the Reporting Period (A - B=C): \$ _____

2. Tax Rate _____ 7% _____

3. TOTAL TAX COLLECTED (Line 1C multiplied by Line 2): \$ _____

4. Interest (10% per annum of Item 3 if tax not paid within 60 days of due date) \$ _____

5. Penalty (15% of Item 3. Penalty due if tax not paid within 90 days of due date) \$ _____

6. **TOTAL AMOUNT DUE AND PAYABLE TO CITY**
 (item 3 plus item 4 and item 5): \$ _____

7. Number of room nights available during Reporting Period: _____
 (# of rooms _____ x # of days in month)

8. Number of room nights rented during Reporting Period: _____

I declare that the information contained in the Hotel/Motel Occupancy Tax Report is accurate to the best of my knowledge and belief.

 Prepared By (Please Print)

 Title

 Telephone Number

 Authorized Signature

 Date

MAIL REMITTANCE WITH REPORT TO:
City of Port Aransas
Finance Department
710 W. Avenue A
Port Aransas, TX 78373-4128