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Name of Reporting Entity

Hotel Occupancy Tax

Quarterly Report for the Quarter Ending: \_\_\_\_\_

Total Gross Receipts: \$ \_\_\_\_\_

Total Exempt Receipts\*: \$ \_\_\_\_\_ (attach evidence supporting exemptions)

Total Taxable Receipts: \$ \_\_\_\_\_

Tax Due to City @7%: \$ \_\_\_\_\_

Net Amount Paid to State of Texas for this period: \$ \_\_\_\_\_

*I certify that the information herein, including any exhibits attached, is true and correct to the best of my knowledge.*

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*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

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*Printed Name* \_\_\_\_\_

The following are **not** exempt from Local Hotel Occupancy Tax: Charitable organizations, Educational organizations, Religious Organizations.