



HOTEL OCCUPANCY TAX REPORT

FILING PERIOD/ENDING DATE: _____

DUE DATE: _____

TAXPAYER INFORMATION:

Name: _____

Taxpayer Number: _____

Address: _____

Phone Number: _____

RENTAL PROPERTY INFORMATION:

Name: _____

Name: _____

Address: _____

Address: _____

Units: _____

Units: _____

1. TOTAL TAXABLE RECEIPTS	
2. TOTAL TAX DUE (7% OF LINE 1)	
3. TIMELY FILING DISCOUNT (1% OF LINE 2 IF PAID ON TIME)	
4. CITY TAX DUE (LINE 2 MINUS LINE 3)	
5. LATE FILING PENALTY AND INTEREST (REF. ORDINANCE 1496)	
6. AMOUNT DUE AND PAYABLE (LINE 4 PLUS LINE 5)	

TEXAS STATE HOTEL OCCUPANCY TAX REPORT MUST BE ATTACHED

I DECLARE THAT THE INFORMATION CONTAINED IN THIS DOCUMENT AND ANY ATTACHMENTS THERETO ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

TAXPAYER OR DULY AUTHORIZED AGENT CERTIFICATION SIGNATURE BELOW

	DATE
--	------

REMIT PAYMENT TO:
CITY OF ROCKPORT
FINANCE DEPARTMENT
2751 SH 35 BYPASS
ROCKPORT, TX 78382