



Brewster County Hotel Occupancy Tax Report

Completed Tax Return and payment must be received by the county or postmarked on or before the 20th of the following month in which the tax was collected

Calendar month for Tax Report: _____

Taxpayer Number: _____

Name of Hotel: _____

Business Address: _____

Telephone Number: _____

Fax: _____

Total Number of Rooms Available: _____

Computation of Tax Liability

- | | |
|---|--------------------|
| 1. Gross Receipts from Room Rentals: | 1. \$ _____ |
| 2. Less: Exempted Room Rental Receipts | 2. \$ _____ |
| 3. Taxable Receipts (line 1 minus line 2) | 3. \$ _____ |
| 4. Tax Liability: (line 3 multiplied by <u>7%</u>) | 4. \$ _____ |
| 5. Discount: if filed by the 20 th (1% of line 4) | 5. \$ _____ |
| 6. Tax due after discount (line 4 minus line 5) | 6. \$ _____ |
| 7. *Penalty | |
| a. If payment is made after due date:
(5% of total on line 4) | 7a. \$ _____ |
| b. If payment is made over 30 days from due date:
(10% of total on line 4) | 7b. \$ _____ |
| 8. Total Amount Due and Payable: (line 6 plus line 7a & line 7b) | 8. \$ _____ |

Payable to: Brewster County

*Delinquent taxes shall draw interest at the rate of 10% per annum beginning 60 days from the date due on the tax imposed and levied herein.

Authorized by the State of Texas Tax Code 352.004

I hereby affirm that the information presented in this report is taken from the books and records of the above named business and is true and correct to the best of my knowledge.

Print Name of Individual Preparing Report

Title

Signature

Date

The completed Tax Report and Payment should be mailed to:

Brewster County Courthouse

107 W Ave. E #4

Alpine, Tx 79830

Please direct any questions to: Treva Watson, County Auditor 432-837-4417

For Office Use Only

Date Received: _____

Receipt # _____