

QUARTERLY HOTEL/MOTEL OCCUPANCY TAX REPORT

Motel Name & Contact Information			
Motel Name: Owner Name: Address: Mailing Address: Email Address: Contact Person: Phone Number: Reporting Period	- <u>D</u> A Ji	pue Date pril 30 th aly 31 st petober 31 st anuary 31 st	
Filed: On Time			
Hotel/Motel Tax Calculation			
TOTAL GROSS RECEIPTS: Enter the gross receipts for all sleeping accommodations rented, including sleeping accommodations claiming exemptions. Do not include charges such as telephone, safes, personal services, minibars, etc. LESS EXEMPTIONS: \$			
A. Texas Hotel Occupancy Tax Exemption Certificate (Texas Comptroller Form 12-302) must be completed for each exemption claimed on this line. (Please Note that local exemptions are not the same as State of Texas exemptions). B. Permanent residents (Occupancy of any rooms for at least 30 days) TAXABLE RECEIPTS: Line 1 less Line 2 (A&B) KENEDY HOTEL/MOTEL TAX RATE TAX COLLECTED: Line 3 times 7% (.07) LESS COLLECTION FEE: Line 5 times 1% (.01). If paid late, enter 0. TAX DUE: Line 5 less Line 6 LATE PAYMENT PENALTY: If paid on time, enter 0. If paid late, multiply line 7 times 15% (.15) TOTAL DUE: Line 7 plus line 8. Please return this Report with your check or money order payable to City of Kenedy. Thank you.			\$\begin{array}{cccccccccccccccccccccccccccccccccccc
I (Print of the above named Motel. I declare under the information contained in this document best of my knowledge and belief.	Name) am the the penalties prescrib covering the above r	owner, manager, on the control of the control owner, manager, on the control of the control owner, manager, or control owner, manager,	o. 12-1, as amended, that
Signature	Title	Date	Phone Number
Remit To: City of Kenedy City Secretary 303 West Main Kenedy, Texas 78119 830-583-2230			