



City of Bastrop, TX (8055)
Hotel Occupancy Tax

Online filing: www.salestaxonline.com

Toll Free Phone: (866) 240-3665 • Toll Free Fax: (855) 219-4338 • Email: supportmuni@avenuinsights.com • Online Filing: Coming Soon!
City of Bastrop, TX • c/o Avenu Insights & Analytics • PO Box 830725 • Birmingham, AL 35283-0725

Account Number: \_\_\_\_\_
Business Name: \_\_\_\_\_
Business Address: \_\_\_\_\_

This space is for changes which have occurred since the last submitted report. If the business has been sold, indicate the new owner's name, mailing address and date of sale.

Instructions: Select the applicable filing period and complete the information below for your Hotel Occupancy Tax. If payment is mailed, the envelope must be postmarked on or before the due date for the applicable filing period to avoid additional penalties and/or interest. If you are filing for more than one filing period, please complete a separate return for each period.

[ ] January [ ] February [ ] March [ ] April [ ] May [ ] June [ ] July [ ] August [ ] September [ ] October [ ] November [ ] December YEAR: 20\_\_\_\_
Due Date: Must be postmarked on or before the 20th day of the month following each period.
(Example: July taxes are due on or before the 20th day of August)

Total room nights available: \_\_\_\_\_ (8055-31-80)

Actual room nights rented: \_\_\_\_\_ (8055-31-81)

1. Total gross room receipts: 1. \$ \_\_\_\_\_ (8055-30-11)

2. Minus legal exemptions:

- (a) Permanent residents (2a) \$ \_\_\_\_\_
(b) Religious, charitable or educational organization (2b) \$ \_\_\_\_\_
(c) Federal/State employees travelling on official business (2c) \$ \_\_\_\_\_
(d) Foreign Diplomatic Personnel carrying the US Department of State Tax Exemption Card (2d) \$ \_\_\_\_\_
(e) Federal/State Military Personnel traveling on official military business. This exemption does not cover military staff on leave or between stations. (2e) \$ \_\_\_\_\_

(f) Total Exemptions (Sum of line 2a through 2e): (2f) \$ \_\_\_\_\_

3. Total taxable room receipts (Line 1 minus line 2f): 3. \$ \_\_\_\_\_

4. Total taxable room receipts multiplied by 7% (Line 3 x .07): 4. \$ \_\_\_\_\_

5. Minus discount for Hotel Owner Collection Allowance (if applicable)
Discount of 1% of tax due allowed 5. \$ \_\_\_\_\_

6. Penalty (if applicable): 6. \$ \_\_\_\_\_
5% applied if not filed by the due date.
Additional 5% if not filed after the first thirty (30) days.
Minimum penalty = \$10.00

7. Interest (if applicable) 7. \$ \_\_\_\_\_
Rate is 10% per annum for all days beginning with the 60th day after the due date.

8. Total Amount Due (Sum of lines 4, 5, 6 and 7): 8. \$ \_\_\_\_\_
Make check payable to "Tax Trust Account"

I declare the information contained herein, including any exhibits attached hereto, is true and correct to the best of my knowledge.

Taxpayer's/Paid Preparer's Signature Date Signed Telephone Fax
Printed Name Email FEIN