



Hotel-Motel Occupancy Tax City of Beeville, TX

Remittance Address:

MuniServices, LLC

Attn: TX Hotel Occupancy Tax

PO Box 830725

Birmingham, AL 35283-0725

Business Name: _____

Address: _____

MuniServices Account #: _____

Total Amount Remitted with This Return:
\$ _____
MAKE CHECK PAYABLE TO: TAX TRUST ACCOUNT
Do not staple or tape payment to your return. Do not send cash.

Filing Period: (If you are filing for more than one filing period, please complete a separate return for each filing period.)
 October/November/December **January/February/March** **April/May/June** **July/August/September** YEAR: **20** _____
Returns must be postmarked on or before the last day of the month following the applicable filing period to avoid additional penalties and/or interest.
(Example: Quarter of July 1st through September 30th is due on or before October 31st) – City Of Beeville Ordinance No. 1927, October 10, 2000.

- 1. Total Room Nights Available: _____ (Internal Code 8036-31-80)
- 2. Actual Room Nights Rented: _____ (Internal Code 8036-31-81)
- 3. Gross Room Receipts **Before** Exemptions: \$ _____
- 4. Minus Legal Exemptions from City Occupancy Tax:
 - (a) Permanent residents \$ _____
 - (b) Diplomatic Personnel \$ _____
(Must present a Tax Exempt Card issued by US Dept of State)
 - (c) Federal or State Military Personnel \$ _____
(Traveling on official military business, not on leave)
 - (d) **Total Exemptions:** \$ _____
- 5. Taxable Room Receipts: \$ _____
(Line 3 minus 4d = Line 5) (Internal Code 8036-30-11)
- 6. Multiplied by Tax Rate: **x 7% (0.07)**
- 7. Equals Tax Due: \$ _____
- 8. Plus Penalty (if applicable)
5% applies if not filed by due date
Additional 5% over the amount due if filed 30 days after due date
Additional 10% over the amount due if filed 60 days after due date
Minimum Penalty \$1.00 \$ _____
- 9. Total Net Amount Due: \$ _____

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

DISCLAIMER: Please note that the administration and rate changes on the MUNISERVICES, LLC Advisory and MUNISERVICES, LLC tax forms are updated once the required information has been received, verified and validated in compliance with MUNISERVICES, LLC policy. Any information received before or after the publication of a MUNISERVICES, LLC Advisory or tax form will not be guaranteed to appear on said forms until all such requirements have been met. MUNISERVICES, LLC is not responsible for incorrect information and/or improper use of the information provided. All updates are completed on a timely basis once the requirements have been met. For the most current MUNISERVICES, LLC administration and/or rate information provided, please visit our website at www.revds.com. **Returned Check Disclaimer:** Effective July 1, 2010, each returned item received by MUNISERVICES, LLC due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. MUNISERVICES, LLC is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at www.revds.com/taxpayer/return-check-disclaimer.