

City of College Station, TX c/o Avenu
Attn: TX Hotel Occupancy Tax
PO Box 830725
Birmingham, AL 35283-0725



Hotel Occupancy Tax City of College Station, TX

Phone: (866) 240-3665
Fax: (844) 528-6529

Email: supportmuni@avenuinsights.com
Website: www.avenuinsights.com
Online Filing: www.hoteltaxonline.com
ACH Debit and Credit Cards Accepted

Business Name: _____

Business Address: _____

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.
Remit to: Hotel Occupancy Tax Dept. PO Box 830725 Birmingham, AL 35283-0725

Filing Period: (If you are filing for more than one filing period, please complete a separate return for each filing period.)
Returns must be postmarked on or before the due date for the applicable filing period to avoid additional penalties and/or interest.
 January February March April May June July August September October November December YEAR: 20 ____
Due Date: Must be postmarked by the last day of the month for the preceding month's taxes to be considered timely filed.
(Example: October's taxes are due on or before November 30th.)

1. Total Room Nights Available: _____ (Internal Code 8016-31-80)
2. Actual Room Nights Rented: _____ (Internal Code 8016-31-81)
3. Gross Room Receipts **Before** Exemptions: \$ _____
4. Minus Legal Exemptions from City Occupancy Tax:
 - (a) Contracted to use room for 30 consecutive days: \$ _____
 - (b) US employee or US military: \$ _____
 - (c) Other: \$ _____
 - (d) Total Exemptions: \$ _____
5. Taxable Room Receipts: \$ _____
(Line 3 minus 4d = Line 5) (Internal Code 8016-30-11)
6. Multiplied by Tax Rate: **x 7%**
7. Equals Tax Due: \$ _____
8. Plus Penalty (if applicable): \$ _____
15% of tax due for each (30) thirty days not timely filed or paid.
9. Equals 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 Avenu Advisory and Avenu tax forms are updated once the required information has been received, verified and validated in compliance with Avenu policy. Any information received before or after the publication of a Avenu Advisory or tax form will not be guaranteed to appear on said forms until all such requirements have been met. Avenu 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 Avenu administration and/or rate information provided, please visit our website at www.avenuinsights.com. **Returned Check Disclaimer:** Effective July 1, 2010, each returned item received by Avenu due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. Avenu 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.avenuinsights.com.
Updated 05/2018