



# Hotel Occupancy Tax City of Floresville, TX

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**Remittance Address:**  
MuniServices, LLC  
Attn: TX Hotel Occupancy Tax  
PO Box 830725  
Birmingham, AL 35283-0725

Phone (866) 240-3665 • Fax (205) 423-4099 • Email: [support@muniservices.com](mailto:support@muniservices.com)  
Website: [www.revds.com](http://www.revds.com) • Online Filing: [www.salestaxonline.com](http://www.salestaxonline.com)

**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.*

MuniServices Account #:

**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.  
 1<sup>st</sup> Qtr (Jan. 1<sup>st</sup> - March 31<sup>st</sup>)  2<sup>nd</sup> Qtr (April 1<sup>st</sup> - June 30<sup>th</sup>)  3<sup>rd</sup> Qtr (July 1<sup>st</sup> - Sept. 30<sup>th</sup>)  4<sup>th</sup> Qtr (Oct. 1<sup>st</sup> - Dec. 31<sup>st</sup>)  YEAR: 20 \_\_\_\_\_  
*Due Date: Must be postmarked on or before the last day of the month following each quarterly filing period. (Example: 3<sup>rd</sup> Qtr taxes are due on or before Oct 31<sup>st</sup>.)*

- 1. Total Room Nights Available: \_\_\_\_\_ (Internal Code 8031-31-80)
- 2. Actual Room Nights Rented: \_\_\_\_\_ (Internal Code 8031-31-81)
- 3. Gross Room Receipts **Before** Exemptions: \$ \_\_\_\_\_
- 4. Minus Legal Exemptions from City Occupancy Tax:
  - (a) Permanent residents \$ \_\_\_\_\_
  - (b) Educational Purposes: \$ \_\_\_\_\_
  - (c) Religious Purposes: \$ \_\_\_\_\_
  - (d) Charitable Purposes: \$ \_\_\_\_\_
  - (e) Total Exemptions: \$ \_\_\_\_\_
- 5. Taxable Room Receipts: \$ \_\_\_\_\_  
(Line 3 minus 4e = Line 5) (Internal Code 8031-30-11)
- 6. Multiplied by Tax Rate: **x 7%**
- 7. Equals Tax Due: \$ \_\_\_\_\_
- 8. Plus Penalty (if applicable)  
*Penalty due **if not timely filed and paid by the last day of the month for the preceding quarter's taxes.** 5% penalty for each 30 days not 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 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](http://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](http://www.revds.com/taxpayer/return-check-disclaimer).