



# Hotel Occupancy Tax City of Greenville, 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.  
 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: August taxes are due on or before September 30<sup>th</sup>)*

1. Total Room Nights Available: \_\_\_\_\_ (Internal Code 8002-31-80)
2. Actual Room Nights Rented: \_\_\_\_\_ (Internal Code 8002-31-81)
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) Foreign diplomatic personnel: \$ \_\_\_\_\_
  - (d) Total Exemptions: \$ \_\_\_\_\_
5. Taxable Room Receipts: \$ \_\_\_\_\_  
(Line 3 minus 4d = Line 5) (Internal Code 8002-30-11)
6. Multiplied by Tax Rate: **x 7%**
7. Equals Tax Due: \$ \_\_\_\_\_
8. Plus Penalty (if applicable):  
**10% of tax due for each (30) thirty days not timely filed and paid.** \$ \_\_\_\_\_
9. Equals Total Net Amount Due: \$ \_\_\_\_\_

**Additional Instructions: Pursuant to the City of Greenville, TX Hotel Occupancy Tax Code, please submit a copy of the quarterly tax report filed with the State Comptroller in connection with the State hotel occupancy tax along with this completed form.**

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).