



NEW ACCOUNT REGISTRATION FORM

MuniServices • Attn: TX Hotel Occupancy Tax

Please complete the below form, and send via email or fax.

Email: support@muniservices.com Fax: (205) 423-4099

1 – Legal Business Name: _____ FEIN/Social Security #: _____

- 2 – Sole Proprietorship General Partnership Corporation LLC – Single Member LLC – Multi Member LLP
- Governmental Agency Professional Association Other (please explain) _____

3 – Mailing Address:

 (Mailing Address) (City) (State) (Zip) (County)

4 – Phone Number :(_____) Fax: (_____)

5 – Name(s) of Owner(s):

 (Last, First, Middle) (Residence Address) (SSN)

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6 – Contact Person: _____ Title: _____ Email: _____

7 – Physical Locations:

 (DBA) (Physical Address) (City, State, Zip) (County)

 (DBA) (Physical Address) (City, State, Zip) (County)

 (DBA) (Physical Address) (City, State, Zip) (County)

 (DBA) (Physical Address) (City, State, Zip) (County)

 (DBA) (Physical Address) (City, State, Zip) (County)

8 – (Required Information) Begin Date _____ Description of Business _____
(Hotel, bed and breakfast, resort, etc.)

9 – Indicate the city(ies) you will be filing for:

Please visit www.revds.com for a complete listing of MuniServices administered cities for hotel occupancy tax. (Taxpayer → Texas → Tax Forms)

10 – Room/Rate Information:

Please specify the total number of rooms available for occupancy at your business: _____

Please specify the average room per room rate: \$ _____ per night

11 – Sworn Statement:

I declare, under penalties of perjury, that this return (and any accompanying schedules) has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: _____ Signed: _____ Date Signed: _____

Title: _____ Phone #: _____ Email: _____

Questions? Contact MuniServices Support at (866) 240-3665 or via email at support@muniservices.com