

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



**City of Killeen, TX (8042)
Hotel Occupancy Tax**

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 #: _____

This space is for changes which have occurred since the last submitted report. If the business has been sold, indicate the new owner's name, mailing address and date of sale.

Instructions: Select the applicable filing period and complete the information below for your Hotel Occupancy Tax. If payment is mailed, the envelope must be postmarked on or before the due date for the applicable filing period to avoid additional penalties and/or interest. If you are filing for more than one filing period, please complete a separate return for each period.

January February March April May June July August September October November December YEAR: 20____

Due Date: Must be postmarked on or before the last day of the preceding month's taxes to be considered timely filed.

(Example: October's taxes are due on or before November 30th)

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

Total room nights available: _____
(8042-31-80)

Actual nights rented: _____
(8042-31-81)

1. Gross room receipts **before** exemptions: \$ _____

2. Minus legal exemptions:

(a) Permanent residents: \$ _____

(b) Diplomatic Personnel with Tax Exemption Card: \$ _____

(c) Federal or State Employees traveling on official business: \$ _____

(d) Federal or State Military personnel traveling on official business: \$ _____

(e) Total exemptions: \$ _____

3. Total taxable room receipts (line 1 minus line 2e): \$ _____
(8042-30-11)

4. Total taxable room receipts multiplied by 7% (line 3 x .07): \$ _____

5. Penalty (if applicable): \$ _____

*5% applies if not filed by due date.
Additional 5% if filed on the 31st day after due date.
Minimum penalty \$1.00. Maximum penalty 10%.*

6. Interest (if applicable): \$ _____

*Interest due if tax not filed and paid 60 days from due date.
Calculate interest at 12% per annum.*

7. Total Amount Due (sum lines 4, 5 and 6): \$ _____
Make check payable to "Tax Trust Account"

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