

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

Hotel Occupancy Tax City of Lindale, 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 on or before the 20th of the month for the preceding month's taxes to be considered timely filed.
(Example: December's taxes are due on or before January 20th)

Please note that all businesses are now required to begin remitting their returns on a monthly basis instead of quarterly filing.

1. Total Room Nights Available: _____ (Internal Code 8033 31-80)
2. Actual Room Nights Rented: _____ (Internal Code 8033 31-81)
3. Gross Room Receipts **Before** Exemptions: \$ _____
4. Minus Legal Exemptions from Hotel Occupancy Tax:
 - (a) Permanent Residents \$ _____
 - (b) Federal Government, American Red Cross, Federally Chartered
Credit unions and Regional Home Loan Banks \$ _____
 - (c) Texas Quasi-Government Entities
(Hotel Occupancy Tax Exemption Certificate required) \$ _____
 - (d) Utilities Cooperatives and Telephone Cooperatives
(Chapter 161 & 162 of the Texas Utility Code)
(Hotel Occupancy Tax Exemption Certificate required) \$ _____
 - (e) Texas Officer or Employee \$ _____
 - (f) Foreign Sovereign (US Department of State Tax Exemption Card required) \$ _____
 - (g) **Total Exemptions:** \$ _____
5. Taxable Room Receipts: \$ _____ (Internal Code 8033 30-11)
 (Line 3 minus 4g = Line 5)
6. Multiplied by Tax Rate: **x 7%**
7. Equals Tax Due: \$ _____
8. Minus discount (if applicable)
Discount of 1% of tax due allowed if tax is timely filed and paid. \$ _____
9. Plus Penalty (if applicable)
Penalty due **if not timely filed and paid by the 20th day of the month for the preceding month's taxes.** 15% penalty for delinquent reporting or payment. \$ _____
10. 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	