



City of Mount Pleasant, TX (8058)
Hotel Occupancy Tax

Online filing: www.hoteltaxonline.com

Toll Free Phone: (866) 240-3665 • Toll Free Fax: (855) 219-4338 • Email: supportmuni@avenuinights.com • Online Filing: www.hoteltaxonline.com
City of Mount Pleasant, TX • c/o Avenu Insights & Analytics • PO Box 830725 • Birmingham, AL 35283-0725

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.

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 20th day of the month following each period.
(Example: December taxes are due on or before the 20th day of January)

Total room nights available: _____ (8058-31-80)

Actual room nights rented: _____ (8058-31-81)

- 1. Total gross room receipts: 1. \$ _____ (8058-30-11)
2. Minus legal exemptions:
(a) Permanent residents (2a) \$ _____
(b) Federal employees traveling on official business and presenting Official identification, i.e. Red Cross, federally chartered Credit Unions and/or regional home loan banks. (2b) \$ _____
(c) Texas quasi-governmental entities formed under the Texas Local Government, and Health and Safety Codes, nor an officer or Employee thereof when presenting a hotel occupancy tax exemption certificate. (2c) \$ _____
(d) State officer or employee when presenting a photo identification card or other documentation that indicates that the bearer is exempt from paying hotel tax. (2d) \$ _____
(e) Foreign Diplomatic Personnel carrying the US Department of State Tax Exemption Card (2e) \$ _____
(f) Total Exemptions (Sum of Line 2a through 2e): (2f) \$ _____
3. Total taxable room receipts (Line 1 minus Line 2f): 3. \$ _____
4. Total taxable room receipts multiplied by 7% (Line 3 x .07): 4. \$ _____
5. Minus discount for Hotel Owner Collection Allowance (if applicable) Discount of 1% of tax due allowed 5. \$ _____
6. Penalty (if applicable): 6. \$ _____
15% applied if not filed by the due date.
7. Total Amount Due (Sum of Lines 4, 5, and 6): 7. \$ _____
Make check payable to "Tax Trust Account"

I declare the information contained herein, including any exhibits attached hereto, is true and correct to the best of my knowledge.

Taxpayer's/Paid Preparer's Signature Date Signed Telephone Fax
Printed Name Email FEIN