Hotel Occupancy Tax
City of Palestine, TX

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
● Website: www.revds.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 on or before the 20th of the month for the preceding month's taxes to be considered timely filed.
(Example: July taxes are due on or before August 20th)

1. Total Room Nights Available: _____ *(Internal Code 8006-31-80)*

2. Actual Room Nights Rented: _____ *(Internal Code 8006-31-81)*

3. Gross Room Receipts **Before** Exemptions: **$**_____

4. Minus Legal Exemptions from City Occupancy Tax:
   (a) Permanent Residents: $_____
   (b) US and State employee or US military: $_____
   (c) Texas Quasi-Governmental entities: $_____
   (d) Electric/Telephone cooperatives: $_____
   (e) Foreign diplomatic personnel: $_____
   (f) Total Exemptions: *$*_____

5. Taxable Room Receipts: **$**_____
   (Line 3 minus 4f = Line 5) *(Internal Code 8006-30-11)*

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.***
   Calculate penalty at 15% of tax due. $_____

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

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. **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.