

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



Hotel Occupancy Tax City of Palestine, TX

Phone: (866) 240-3665
Fax: (844) 528-6529

Email: supportmuni@avenuinsights.com
Website: www.avenuinsights.com

Business Name: _____

Business Address: _____

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

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: December's taxes are due on or before January 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: \$ _____
(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 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.
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