



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

Account Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 20th of the month following each quarterly period.*

*(Example: January/February/March taxes are due on or before the 20th day of April)*

Total room nights available: \_\_\_\_\_ (8053-31-80)

Actual room nights rented: \_\_\_\_\_ (8053-31-81)

1. Total gross room receipts: \_\_\_\_\_ 1. \$ \_\_\_\_\_  
(8053-30-11)

2. Minus legal exemptions:

(a) Permanent residents (2a) \$ \_\_\_\_\_

(b) Religious, charitable or educational organization (2b) \$ \_\_\_\_\_

(c) Federal/State employees travelling on official business (2c) \$ \_\_\_\_\_

(d) Foreign Diplomatic Personnel carrying the US Department of State Tax Exemption Card (2d) \$ \_\_\_\_\_

(e) Total Exemptions (Sum of line 2a through 2d): (2e) \$ \_\_\_\_\_

3. Total taxable room receipts (Line 1 minus line 2e): \_\_\_\_\_ 3. \$ \_\_\_\_\_

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

5. Minus discount (if applicable)  
Discount of 1% of tax due allowed **if tax is timely filed and paid.** \_\_\_\_\_ 5. \$ \_\_\_\_\_

6. Penalty (if applicable): \_\_\_\_\_ 6. \$ \_\_\_\_\_  
*5% applied if not filed by the last day of the calendar month in which they are due.  
Additional 5% if not filed by the 1<sup>st</sup> day of each delinquent month  
Minimum penalty = \$5.00*

7. Interest (if applicable) \_\_\_\_\_ 7. \$ \_\_\_\_\_  
*Interest due if tax not filed or paid on the first day of each month.  
Calculate interest at 12% (0.03288) per day.*

8. Total Amount Due (Sum of lines 4, 5, 6 and 7): \_\_\_\_\_ 8. \$ \_\_\_\_\_  
**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 \_\_\_\_\_