



**City of Pecos, TX (8048)
Hotel Occupancy Tax**

Online filing at: www.salestaxonline.com

Toll Free Phone: (866) 240-3665 • Toll Free Fax: (855) 219-4338 • Email: support@muniservices.com • Online Filing: www.salestaxonline.com
City of Pecos • c/o MuniServices, LLC • PO Box 830725 • Birmingham, AL 35283-0725

MuniServices 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 for the preceding monthly taxes due to be considered timely filed.
(Example for Monthly Filers: January taxes are due on or before February 20th)*

Total Room Nights Available: _____ (8048-31-80)

Actual nights rented: _____ (8048-31-81)

1. Gross room receipts: \$ _____ (8048-30-11)

2. Minus legal exemptions:

- (a) Permanent residents \$ _____
- (b) Federal or State employees traveling on official business \$ _____
- (c) Electric Cooperatives \$ _____
- (d) Foreign Diplomats \$ _____
- (e) Total Exemptions (Sum of line 2a through 2d).** \$ _____

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

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

5. Penalty of 5% applies if not paid by the due date. \$ _____

6. Total Amount Due (Sum of lines 4 and 5.): \$ _____
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 _____

RETURNED CHECK DISCLAIMER: When you make a payment by check, you authorize us to use information from your check to make a one-time electronic fund transfer from your checking account according to the terms of your check or to process that transaction as a check. When we use your check to make an electronic fund transfer, funds may be withdrawn from your checking account the same day we receive your payment, and you will not receive your check back from your financial institution. If there are insufficient funds in your checking account, you authorize us to charge a Returned Payment Fee as applicable in the amount set forth by law and collect that amount through an electronic fund transfer from your checking account, if permitted by applicable law. If another payment method is returned unpaid, by your bank, we may, if permitted by applicable law, charge a Returned Payment Fee.
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