

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



Hotel Occupancy Tax City of Rockdale, TX

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

Email: supportmuni@avenuinsights.com

Website: www.avenuinsights.com

Online Filing: www.hoteltaxonline.com

ACH Debit and Credit Cards Accepted

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.

1st Qtr (Jan. 1st - March 31st) 2nd Qtr (April 1st - June 30th) 3rd Qtr (July 1st - Sept. 30th) 4th Qtr (Oct. 1st - Dec. 31st) YEAR: 20 _____

Due Date: Must be postmarked on or before the last day of the month following each quarterly filing period. (Example: 3rd Quarter is due on or before October 31st)

Total Room Nights Available: _____ (8047-31-80)

Actual nights rented: _____ (8047-31-81)

1. Gross room receipts: \$ _____ (8047-30-11)

2. Minus legal exemptions: \$ _____
(a) Permanent residents: \$ _____

(b) Federal or State employees traveling on official business: \$ _____

(c) Total exemptions (Line A and B) \$ _____

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

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

5. Penalty of 5% applies if not paid by the due date. \$ _____
Additional penalty of 5% if filed after the first thirty (30) days delinquent

6. Interest: \$ _____
Delinquent taxes shall draw interest at the rate of 6% per year beginning sixty (60) days from the date taxes are due.

7. Total Amount Due (Sum of lines 4 through 6.): \$ _____
Make check payable to "Tax Trust Account"

Copies of the State of Texas Hotel Occupancy Tax Report(s) are required to be submitted with this report.

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

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