



City of Tomball, TX (8017) Hotel Occupancy Tax

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 City of Tomball • 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.

1st Quarter (Jan 1st thru March 31st) 2nd Quarter (April 1st thru June 30th) 3rd Quarter (July 1st thru Sept 30th) 4th Quarter (Oct 1st thru 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 of July 1st thru Sept 30th is due on or before Oct 31st.

Total Room Nights Available: _____ (8017-31-80)
 Actual Room Nights Rented: _____ (8017-31-81)

1. Gross Room Receipts **Before** Exemptions: \$ _____

2. Minus Legal Exemptions from City Occupancy Tax:

- (a) Contracted to use room for 30 consecutive days: \$ _____
- (b) US employee or US military: \$ _____
- (c) Foreign diplomatic personnel: \$ _____
- (d) Religious, charitable or educational corporation or association: \$ _____
- (e) *Total Exemptions:* \$ _____

3. Taxable Room Receipts: \$ _____
 (Line 1 minus 2e) (8017-30-11)

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

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

6. Plus Penalty (if applicable):
Penalty due if not timely filed and paid by the last day of the month following each quarterly period. 10% penalty for first 30 days not paid, additional 5% penalty accessed on 31st day. \$ _____

7. Plus Interest (if applicable):
Interest due if tax not filed and paid within 30 days from the due date. Calculate interest at 10% per year. \$ _____

8. Equals Total Net Amount Due: \$ _____
 (Sum of Lines 4 through 7.) **Make check payable to "Tax Trust Account"**

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

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.