



**City of Waco, TX (8045)
Hotel Occupancy Tax
TPID Assessment Fee (8045)
McLennan County (8046)
Hotel Occupancy (Venue Tax)
Online filing: www.hoteltaxonline.com**

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

Avenu Account #: _____
Business Name: _____
Business 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, TPID Assessment Fee (if applicable) and Venue Taxes. 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 tax 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)*

1. Provide Total # of Sleeping Rooms in your Hotel/Lodging: _____ (8045 31-80 / 8046 31-80)
2. Provide Actual # of Room Nights Rented: _____ (8045 31-81 / 8046 31-81)
3. **Gross Room Receipts Before Exemptions:** \$ _____
4. **Minus Legal Exemptions from Occupancy Tax:**
 - (a) Contracted to use room for 30+ consecutive days: \$ _____
 - (b) Certain Federal/State employees or US military personnel: \$ _____
 - (c) Total Exemptions: (Sum of line 4a, and 4b) \$ _____
5. **Total Taxable Room Receipts for non-TPID hotels:** (Line 3 minus line 4c) \$ _____
6. **TPID Assessment Fee:** If your hotel appears on attached TPID list, multiply line 5 x 2% (Also write this amount on Line B, Column 3 below). \$ _____
7. **NEW base amount for TPID hotels:** (Sum of Line 5 plus Line 6) \$ _____

		(1)	(2)	(3)
		City of Waco Hotel Occupancy Tax 7% - (8045 30-11)	McLennan County Venue Tax 2% - (8046 30-11)	TPID Assessment 2% - (8045 9-11)
A	If your hotel appears on the attached TPID list, write Line 7 here. Otherwise, write Line 5.	\$ _____	\$ _____	
B	Multiply amount on Line A by the applicable tax rate. (For TPID hotels, write amount from Line 6 in Column 3).	x0.07 = \$ _____	x0.02 = \$ _____	\$ _____ (Amount from Line 6)
C	Add Penalty (if applicable): 5% applies if not filed by the due date. Additional 5% if filed on the 31 st day after due date. Maximum penalty 10%. Minimum penalty \$1.00	\$ _____	\$ _____	\$ _____
D	Add Interest (if applicable): Interest due if tax not filed and paid 60 days from due date. Calculate interest at 10% per year.	\$ _____	\$ _____	\$ _____
*	Total Tax Due: Sum lines B, C and D	*(E) \$ _____	*(F) \$ _____	*(G) \$ _____
*	Total Amount Due: Sum Sections E, F and G	\$ _____ Make Checks Payable to: Tax Trust Account		

The tax remitted and paid to McLennan County with this report was collected pursuant to the requirements of the order imposing a Hotel Occupancy Tax (Venue Tax) by the McLennan County Commissioners Court, as amended. *I declare that the information contained in this document is true and correct to the best of my knowledge and belief.*

Taxpayer's/Paid Preparer's Signature _____ Date Signed _____ Telephone _____ Fax _____
Printed Name _____ Email _____ FEIN _____