



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

Business Name: _____

Business Address: _____

Account #: _____

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.

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 last day of the month following each quarterly period.

(Example: January/February/March taxes are due on or before the 30th day of April)

Total room nights available: _____ (8060-31-80)

Actual room nights rented: _____ (8060-31-81)

1. Total gross room receipts: _____ 1. \$ _____ (8060-30-11)

2. Minus legal exemptions:

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

(b) United States or a governmental entity thereof (2b) \$ _____

(c) Officer or employee of a state governmental entity who is provided with photo identification verifying an exempt status (2c) \$ _____

(d) Officer or employee of a governmental entity of the United States who is provided with photo identification verifying the Identity and exempt status of the person when traveling on or Otherwise engaged in the course of official duties for the Governmental entity if the governmental entity directly pays to the hotel the price for the room. (2d) \$ _____

(e) For diplomatic personnel who present a tax exemption card Issued by the United States Department of State (2e) \$ _____

(f) Total Exemptions (Sum of Line 2a through 2f): (2f) \$ _____

3. Total taxable room receipts (Line 1 minus Line 2f): 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 within 1 – 30 days from due date 10% applied if not filed with 31 days from due date.

7. Interest: Interest due if tax not timely filed and paid within 61 days Calculate interest at 12% per year. 7. \$ _____

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