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

Previously Avenu Insights & Analytics

Hotel Occupancy Tax
City of Eagle Pass, TX

Short-Term Rental

ONLINE FILING AVAILABLE
www.hoteltaxonline.com
ACH Debit and Credit Cards Accepted

Phone: (866) 240-3665
Support: http://supportportal.neumo.com/tax
Website: www.neumo.com
Online Filing: www.hoteltaxonline.com

Business Name: _____

Business Address: _____

_____

Neumo 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.
Remit to: Hotel Occupancy Tax Dept. PO Box 830725 Birmingham, AL 35283-0725

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.

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December YEAR: 20 ____

Due Date: Must be postmarked on or before the 20th of the month for the preceding month's taxes to be considered timely filed.
(Example: September taxes are due on or before October 20th.)

1.	Total Room Nights Available:	_____ *(Internal Code 8199-31-80)*	
2.	Actual Room Nights Rented:	_____ *(Internal Code 8199-31-81)*	
3.	Total Room Receipts :		$_____ *(Internal Code 8199-30-11)*
4.	Multiplied by Tax Rate:		**x 7%**
5.	Equals Tax Due:		**$**_____
6..	Plus Penalty (if applicable): *Penalty due* ***if tax not filed timely and paid by the 20th of the month for the preceeding month's taxes.*** *15% penalty calculates on the 21st day*		$_____
7..	Plus Penalty Fee (if applicable): $50.00 due ***if tax not filed timely and paid by the 20th of the month for the proceeding month's taxes.*** *Calculates on the 21st day*		$_____
8.	**Equals Total Net Amount Due:**		**$**_____

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

DISCLAIMER: Please note that the administration and rate changes on the Neumo Advisory and Neumo tax forms are updated once the required information has been received, verified and validated in compliance with Neumo policy. Any information received before or after the publication of a Neumo Advisory or tax form will not be guaranteed to appear on said forms until all such requirements have been met. Neumo is not responsible for incorrect information and/or improper use of the information provided. All updates are completed on a timely basis once the requirements have been met. For the most current Neumo administration and/or rate information provided, please visit our website at www.neumo.com. **Returned Check Disclaimer:** Effective July 1, 2010, each returned item received by Neumo due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. Neumo is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at www.neumo.com.

Updated 08/2026