City of Robinson, TX
Hotel Motel Occupancy Tax
Online filing at: www.hoteltaxonline.com

Toll Free Phone: (866) 240-3665 ● Support: neumo.service-now.com/csp ● Online Filing: www.hoteltaxonline.com
City of Robinson ● c/o Neumo ● PO Box 830725 ● Birmingham, AL 35283-0725

Account Number: _____
Business Name: _____
Address: _____
_____
Email Address: _____
Telephone Number: _____

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.

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: 1st Quarter is due on or before April 30th)

Total room nights available: _____ *(8207-31-80)*

Actual room nights rented: _____ *(8207-31-81)*

1. Total gross room receipts: 1. **$** _____ (8207-30-11)
2. Minus legal exemptions
   - (a) Permanent residents: (2a)$ _____
   - (b) Federal employees traveling on official business: (2b)$ _____
   - (c) **Total Exemptions (Sum of line 2a and 2b):** (2c) $ _____
3. Total taxable room receipts (Line 1 minus line 2c): 3. **$** _____
4. Total taxable room receipts multiplied by 7% (Line 3 x .07): 4. $ _____
5. Penalty of 15% (if past due): 5. $ _____
   If not paid by the last day of the month following the end of the quarterly period in which the tax is earned.
6. **Total Amount Due (Sum of lines 4 and 5):** 6. **$** _____

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
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.