City of Uvalde, TX (8030)
Hotel Occupancy Tax

Online Filing: www.hoteltaxonline.com

Toll Free Phone: (866) 240-3665 ● Toll Free Fax: (844) 528-6529 ● Email: supportmuni@avenuinsights.com ● Online Filing: www.hoteltaxonline.com
City of Uvalde, 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.

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 each month following the tax period to be considered timely filed.
(Example: August's taxes are due on or before September 20th)

Total room nights available: _____ 8030-31-80

Actual nights rented: _____ 8030-31-81

1. Total gross room receipts: $_____

2. **Total taxable room receipts:** $_____

3. Total taxable room receipts multiplied by 7% (line 2 x .07): $_____ 8030-30-11

4. Penalty (If Applicable)
$50.00 if not filed by due date. $_____

5. Interest (If Applicable)
5% of line 3 if 1-30 days late
10% of line 3 if 31+ days late
$_____

6. Total Amount Due (Sum of lines 3, 4 and 5): $_____
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	