



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 _____

DISCLAIMER: Please note that the administration and rate changes on the Avenu Advisory and Avenu tax forms are updated once the required information has been received, verified and validated in compliance with Avenu policy. Any information received before or after the publication of a Avenu Advisory or tax form will not be guaranteed to appear on said forms until all such requirements have been met. Avenu 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 Avenu administration and/or rate information provided, please visit our website at www.avenuinsights.com. **Returned Check Disclaimer:** Effective July 1, 2010, each returned item received by Avenu due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. Avenu 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.avenuinsights.com.