

REPORT OF HOTEL OCCUPANCY TAX

ACCT NO. _____

YOUR STATE REGISTRATION NO. _____

City of Fort Stockton
P.O. Box 1000
Fort Stockton, TX 79735

"I declare under penalties prescribed in Ordinance No. 88-117 & 91-105 of the City of Fort Stockton, that the information contained in this document is true and correct to the best of my knowledge."

THIS REPORT IS FOR MONTH ENDING _____

(SIGNED) _____

DUE DATE IS 20th DAY OF FOLLOWING MONTH

TOTAL RECEIPTS TAXABLE	
#222 AMOUNT OF TAX * 7%	
#224 VENUE TAX * 2%	
PENALTY	
INTEREST	
DEDUCTIONS	
NET AMOUNT DUE	

OWNERS NAME AND BUSINESS LOCATION IF DIFFERENT FROM MAILING ADDRESS:

Forms for reporting HOTEL OCCUPANCY TAX will be mailed before each monthly payment is due. Payments are due on the 20th day of each month. This Monthly Report must be returned.

This space is for any changes occurring since last report. If business has been sold, indicate New Owner's Name, Mailing Address, and Date of Sale.

Business _____

Mailing Address _____

City & State _____

Owner's Name _____

Location Address _____

City & State _____

Date of Sale _____

Make remittance PAYABLE to the CITY OF FORT STOCKTON and mail to CITY OF FORT STOCKTON,
P.O. Box 1000, Fort Stockton, TX 79735

For Office Use Only:	Date: _____	Check Number: _____	Receipt Number: _____
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