



City of Abilene Report of Hotel Occupancy Tax

Taxpayer Name _____ * Texas Taxpayer ID _____

* Hotel Name _____ * Month Reported (MM/YY) _____

* Street Address _____

Contact Information:

* Name _____

* Email Address _____

* Phone _____

Average Daily Rate _____

* Percent Occupancy _____

* 1. Total Receipts 1. _____

* 2. Tax Exempt Receipts 2. _____

* **3. Total Taxable Receipts (Item 1 minus Item 2)** 3. _____

4. Total City of Abilene Hotel Occupancy Tax due (7% of Item 3) 4. _____
If location is outside Abilene city limits, input 0

5. Total Abilene-Taylor County Venue District Tax due (2% of Item 3) 5. _____
If location is outside Abilene city limits, input 0

6. Total Tax Due (Item 4 plus Item 5) 6. _____

City Ordinance 45-1999, September 9, 1999, Section 30-21 Penalties & Refunds:

"I declare that the information contained in this document is true and correct to the best of my knowledge."

Signature

* Required Information

This form must be filed every month even if no tax is due. Payment must be received or postmarked by the 20th of the following month. Payments not received by the due date will be considered delinquent and may be subject to interest & penalties.

Make the Total Tax Due (Line 6) amount payable to **City of Abilene**

Mail form, payment, and a copy of your most recent Texas Hotel Occupancy Tax Report to:
City of Abilene • P.O. Box 60 • Abilene, TX 79604-0060 • Attn. Accounting Office