ARANSAS COUNTY HOTEL OCCUPANCY TAX REPORT

Taxpayer Number	Filing Period / Ending Date	Due Da	ate
1.	2.	3.	
Taxpayer Name and Mailing Address			<u>IPORTANT</u>
4.		preprinte changed beside th informati	this box if any d information has . Show changes the preprinted on and fill out or Changes section
* * A Report must	be filed even if no tax is due * *		
Rental Property Trade Name and	Property Address		Gross Receipts this Property
5.		6.	
		for	xempt Receipts this Property structions on back)
[Can Instructions on h	and for more than one Doutel Droporty	7.	
Blacken this box if Rental Property is no lo Fill Out Rental Property Changes section of			axable Receipts this Property
		8.	
	6 of Item 8)	9.	
10. Late Filing Penalty (See Instru	ctions on back)	10.	
11. Interest (See Instructions on back)		11.	
12. TOTAL AMOUNT DUE AND PA	AYABLE (Item 11 plus Item 12 and Item 13)	12.	
	I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.		
Make the amount in Item 12 PAYABLE TO:	sign	knowledge and b	ellel.
ARANSAS COUNTY TREASURER	here		
Mail to: Aransas County Treasurer 2840 Hwy 35 N Rockport, Texas 78382	Daytime phone (Area code and number)	Date	

www.aransascountytx.gov

For assistance call **(361) 790-0132** Details also available online at

Mail

Hotel Occupancy Tax Report Rev. 10/18

GENERAL INFORMATION

WHO MUST FILE:

- You must file this report if you are a sole owner, partnership, corporation or other organization that owns, operates, manages or controls any hotel or motel (as described by Section 156.001 of the Tax Code) in Aransas County. Texas.
- Failure to file this report and pay applicable tax may result in penalties assessed and collection actions.

WHEN TO FILE:

- Reports must be filed on or before the 15th day of the month following the reporting period.
- For 2%VENUE TAX ONLY Reports are due MONTHLY and due on or before the 20th day of the month.
- Reports must be filed for every period, even if you have no amount subject to tax or no tax due. (Enter Zeros)
- If the due date falls on a Saturday, Sunday or legal holiday, the next business day will be the due date.

FOR ASSISTANCE:

Call the Aransas County Treasurer's Office at (361) 790-0132

GENERAL INSTRUCTIONS

- Complete all applicable items that are not preprinted.
- If any preprinted information is not correct, mark it out and write in the correct information
- If any Rental Property shown is no longer in business, blacken the appropriate box and fill out the Rental Property Changes section below.

SPECIFIC INSTRUCTIONS

- Item 1 Enter your taxpayer identification number or social security number.
- Item 2 Enter filing period of this report, "Month Ending" or "Quarter Ending", and the last day of the period.
- Item 3 Enter the date the report is due 15th day of the month following the reporting period.
- Item 4 Enter the name of the Taxpayer and Taxpayer's mailing address. Taxpayer is the person or organization that operates, manages or controls the Rental Property. If there are changes in Taxpayer information, blacken the appropriate box and fill out the Taxpayer Changes section below.
- Item 5 Enter the Rental Property's Trade Name, if applicable, and the physical address of the Rental Property. If more than one property is being reported, please use a separate Tax Report for each property, or complete the Supplemental Property Listing form and enter "See Attached" in this section. Use as many supplement forms as necessary.
- Item 6 Enter the Total Gross Receipts for this property. If more than one property is being reported on this form, enter the Total Gross Receipts for all properties. If there are no Gross Receipts for this property but you are still managing this Rental Property, please enter zero.

 A TAX REPORT STILL MUST BE FILED.
- Item 7 Enter Total Exemptions for this property.

NOTE: The following are exceptions to the tax:

- use or possession of a room for at least 30 consecutive days as a permanent residence with no interruption of payment for the period; or
- use by religious, charitable or educational organizations where no part of the net earnings benefit the organization: or
- · use by a State of Texas official presenting a hotel tax exemption card.

NOTE: Effective 9-1-95, the state government and their employees (except those state employees with hotel tax photot ID cards) may **NOT** claim an exemption for hotel tax.

Date of Change:

- Item 8 Subtract Item 7 from Item 6 and enter here.
 This is the Total Taxable Receipts for this property
- Item 9 Multiply the amount in Item 8 by 7% and enter here.
 This is the amount of Hotel Occupancy Tax due.

 NOTE: If the Rental Property is within the City Limits of
 The City of Rockport, The Town of Fulton, or the City of
 Aransas Pass, ENTER ZERO. This tax is paid to that
 local entity
- Item 10 There is a maximum penalty of 10% for either filing a Tax Report late or paying the Taxes Due late. A 5% Penalty is assessed until the 31st day after the 15th day of the month the Tax Report and Taxes were due.

 After the 31st day, another 5% Penalty is assessed.
- Item 11 Interest at the rate of 10% per year shall accrue on the amount of delinquent Taxes due and Penalties, beginning 60 days after the date the taxes were due.
- Item 12 Add the amounts in Item 11, Item 12 and Item 13 and enter here. This is the TOTAL AMOUNT DUE AND PAYABLE.

RENTAL	PROPERTY	CHANGES
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Printed Name:

I will not be renting this property any longe I have sold this property and will not be rer this property any longer. I am renting this property, but only for perio of 30 days or more at a time.	nting
Sign Date	

If this Rental Property is no longer in business, please

<u> FAXPAYER CHANGES</u>
Please use this space to show any changes or corrections on the Taxpayer.
f the Rental Property has been sold, or otherwise transferred to a different Taxpayer,
lease indicate the New Taxpayer's Name, Address and Date of Change.

please indicate the New Taxpayer's Name, Address and	d Date of Change.
Reason for Changes:	
Taxpayer Name:	
Mailing Address:	
City, State, Zip:	
Contact Person:	
Telephone: Fa:	к:

Email: