## ARANSAS COUNTY HOTEL OCCUPANCY TAX REPORT

	Taxpayer Number		Filing P	eriod / Ending Date		Due Date
1.		2.			3.	
L	Taxpayer Name and Mailing Address					ORTANT
4.						Blacken this box if any preprinted information has changed. Show changes beside the preprinted information and fill out Taxpayer Changes section on back.
	* * A Report must b	be filed e	even if no	tax is due * *		Total Gross Receipts
5. [	Rental Property Trade Na	ame and P	roperty Addr	ess	6.	for this Property
5.					0.	
					7.	Tax Exempt Receipts for this Property (see Instructions on back)
	(See Instructions on ba	ck for mor	re than one	Rental Property)	7.	
	Blacken this box if Rental Fill out Rental Property C					Total Taxable Receipts for this Property
8.	Total Taxable Receipts (Item	n 6 less Ite	em 7)		8.	
9.	Hotel Occupancy Tax Due ( NOTE: If the Rental Property i The Town of Fulton, or The ENTER ZERO. This tax is p	s within the e City of Ar	City Limits of ansas Pass,	The City of Rockport,	9.	
10.	Late Filing Penalty (See Ins	tructions o	n back)		10.	
11.	Interest (See Instructions on	back)			. 11.	
12.	TOTAL AMOUNT DUE AND	PAYABLE	( Item 9 plu	is Item 10 and Item 11)	12.	
	Make the amount in Item 14 PAYA ARANSAS COUNTY TREASUR			I declare that the information in true and correct to the b		

Make the amount in Item 14 PAYABLE TO ARANSAS COUNTY TREASURER	I declare that the information in this document and any attachm true and correct to the best of my knowledge and belief.			
Mail to: Aransas County Treasurer 301 N. Live Oak Rockport, Texas 78382	sign here			
For Assistance call: <b>(361) 790-0132</b> Details also available online at	Daytime phone (Area code and number)	Date		

www.aransascounty.org

Instructions for Completing the ARANSAS COUNTY HOTEL OCCUPANCY TAX REPORT

		ARANSAS COUNTY HOTEL OCCUPANC							
GENERAL INFORMATION WHO MUST FILE:		<ul> <li>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.</li> <li>Failure to file this report and pay applicable tax may result in penalties assessed and collection actions.</li> </ul>							
WHEN TO FILE:		<ul> <li>Reports must be filed on or before the 15th day of the month following the reporting period.</li> <li>Reports must be filed for every period, even if you have no amount subject to tax or no tax due. (Enter Zeros)</li> <li>If the due date falls on a Saturday, Sunday or legal holiday, the next business day will be the due date.</li> </ul>							
FOR ASS	ISTANCE:	Call the Aransas County Treasurer's Office at (361) 790-0132							
GENERAL INSTRUCTIONS		<ul> <li>Complete all applicable items that are not preprinted.</li> <li>If any preprinted information is not correct, mark it out and write in the correct information</li> <li>If any Rental Property shown is no longer in business, blacken the appropriate box and fill out the Rental Property Changes section below.</li> </ul>							
SPECIFIC	INSTRUCTIONS								
Item 1 -	<ul> <li>Enter your taxpayer identification number or social security number.</li> </ul>		Item 8 -	Subtract Item 7 from Item 6 and enter here. This is the Total Taxable Receipts for this property					
Item 2 -	"Quarter Ending", and the last day of the period.		ltem 9 -	Multiply the amount in Item 8 by 7% and enter here. This is the amount of Hotel Occupancy Tax due. <b>NOTE:</b> If the Rental Property is within the City Limits of					
following the report				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 4 -	<ul> <li>M 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.</li> </ul>			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.					
and the physical a than one property Tax Report for ea		operty's Trade Name, if applicable, Idress of the Rental Property. If more s being reported, please use a separate h property, or complete the Supplemental m and enter " <b>See Attached</b> " in this	ltem 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. Add the amounts in Item 9, Item 10 and Item 11 and					
	section. Use as many supplement forms as necessary.			enter here. This is the TOTAL AMOUNT DUE AND PAYABLE.					
Item 6 -	than one property i the Total Gross Re no Gross Receipts managing this Ren	ss Receipts for this property. If more s being reported on this form, enter ceipts for all properties. If there are for this property but you are still tal Property, please enter zero. TILL MUST BE FILED.							
Item 7 -	em 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 <b>NOT</b> claim an exemption for hotel tax. <b>TAXPAYER CHANGES</b> Please use this space to show any changes or cor If the Rental Property has been sold, or otherwise please indicate the New Taxpayer's Name, Address Reason for Changes:			RENTAL PROPERTY CHANGES         If this Rental Property is no longer in business, please indicate the appropriate box below.         Image: Ima					
			transferred to s and Date o	o a different Taxpayer, of Change.					
		er Name:							
		Address:							
	Ū.	ate, Zip:							
		-							
	Contac	t Person:							
	Contac		Fax:						