



# HOTEL / MOTEL OCCUPANCY TAX INFORMATION FORM

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## RENTAL PROPERTY

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property NickName \_\_\_\_\_ Within  
City Limits  No  Yes \_\_\_\_\_  
Which City or Town

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## MANAGEMENT (Taxpayer)

Name \_\_\_\_\_ Type of Business  Sole Proprietor  Partnership  Corporation

Contact Person \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

TIN / SS# \_\_\_\_\_ Telephone \_\_\_\_\_

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## PROPERTY OWNER

Name \_\_\_\_\_

Contact Person \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

TIN / SS# \_\_\_\_\_ Telephone \_\_\_\_\_

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Report Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
*[Please Print]*

Signature: \_\_\_\_\_

Please Fill Out Form Completely for each Rental Property and Return to:

**Alma Cartwright  
Aransas County Treasurer  
301 N. Live Oak  
Rockport, Texas 78382**