

# ARANSAS COUNTY VENUE TAX REPORT

1. Taxpayer Number

2. Filing Period / Ending Date

3. Due Date

4. Taxpayer Name and Mailing Address

**IMPORTANT**

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 be filed even if no tax is due \* \***

5. Rental Property Trade Name and Property Address

6. Total Gross Receipts for this Property

7. Tax Exempt Receipts for this Property  
*(see instructions on back)*

**[See Instructions on back for more than one Rental Property]**

Blacken this box if Rental Property is no longer in business. Fill Out Rental Property Changes section on back.

8. Total Taxable Receipts for this Property

9. Venue Tax Due ( 2% of Item 8 ) .....

**NOTE:** This tax applies to **ALL RENTAL PROPERTIES** within **ARANSAS COUNTY**.

9.

10. Late Filing Penalty ( See Instructions on back ) .....

10.

11. Interest ( See Instructions on back ) .....

11.

12. TOTAL AMOUNT DUE AND PAYABLE ( Item 9 plus Item 10 and Item 11 ) .....

12.

Make the amount in Item 12 **PAYABLE TO:**  
**ARANSAS COUNTY TREASURER**  
 Mail to: Aransas County Treasurer  
 308 N Live Oak  
 Rockport, Texas 78382

For assistance call **(361) 790-0132**

Details also available online at

[www.aransascountytx.gov](http://www.aransascountytx.gov)

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.	
<b>sign here</b> ►	
Daytime phone <small>(Area code and number)</small>	Date

Instructions for Completing the ARANSAS COUNTY VENUE TAX REPORT

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 20th day of the month following the reporting period.  
 ▶ 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" and the last day of the period, OR "Month of" and the month covered
- Item 3 - Enter the date the report is due - 20th 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.
- 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 2% and enter here. This is the amount of Venue Tax due.
- 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 9, Item 10 and Item 11 and enter here. This is the TOTAL AMOUNT DUE AND PAYABLE.

**RENTAL PROPERTY CHANGES**

If this Rental Property is no longer in business, please indicate the appropriate box below.

I will not be renting this property any longer.

I have sold this property and will not be renting this property any longer.

I am renting this property, but only for periods of 30 days or more at a time.

\_\_\_\_\_  
 Sign Date

Printed Name: \_\_\_\_\_

**TAXPAYER CHANGES**

Please use this space to show any changes or corrections on the Taxpayer. If the Rental Property has been sold, or otherwise transferred to a different Taxpayer, please indicate the New Taxpayer's Name, Address and Date of Change.

Reason for Changes: \_\_\_\_\_

Taxpayer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Change: \_\_\_\_\_ Email: \_\_\_\_\_