



P. O. Box 26569 -- Benbrook, TX 76126
Phone: (817) 249-3000 -- FAX: (817) 249-0884

Hotel and Motel Occupancy Tax Report

Reporting Period Months

Reporting Period Year

- 1st Quarter -- January thru March
- 2nd Quarter -- April thru June
- 3rd Quarter -- July thru September
- 4th Quarter -- October thru December

Due Date -- Last day of the next month following each quarterly period

Business Name _____
 and Address: _____

Taxpayer I. D. Number: _____

Please provide the following information --

Total **All** Receipts \$ _____

Total **Non-Taxable** Receipts \$ _____

Total **Taxable** Receipts \$ _____

Total Amount of Tax Due to City this Quarter (Multiply **Taxable** Receipts by 7%) \$ _____

Balance Owed From Preceding Quarters \$ _____
 (Includes any penalty and/or interest assessed)

Amount to be Remitted to City \$ _____

If the amount of "Taxable Receipts" you report to the *State* and the "Taxable Receipts" you report to the *City* are different - Please note the variance amount and give an explanation for the variance.

(Information reported is reconciled with State Quarterly Report for Hotel Occupancy Receipts)

Variance Amount - \$ _____ -- Explanation: _____

Please Remit to: **City of Benbrook**
 P. O. Box 26569
 Benbrook, TX 76126

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

Date

Signature

Printed Name