

REPORT OF HOTEL OCCUPANCY TAX FORM FOR THE MONTH/YEAR ENDING: _____

CITY OF MCALLEN, TEXAS - ORDINANCE CHAPTER 98 ARTICLE III SEC. 98-86 THRU 98-91 and ARTICLE IV SEC. 98-92 THRU 98-100

REPORT AND TAXES DUE BY THE 15TH OF THE FOLLOWING MONTH

RETURN TO: CITY OF MCALLEN, FINANCE DEPT.
P. O. BOX 220
MCALLEN, TEXAS 78505-0220

"THE TAX REMITTED AND PAID TO THE CITY OF MCALLEN WITH THIS REPORT WAS COLLECTED PURSUANT TO THE REQUIREMENTS OF THE ORDINANCE IMPOSING A HOTEL OCCUPANCY TAX BY THE CITY OF MCALLEN BOARD OF COMMISSIONERS, AS AMENDED."

(SIGNATURE)

TOTAL ROOM RECEIPTS \$ _____

TOTAL TAXABLE RECEIPTS \$ _____

HOTEL OCCUPANCY TAX @ 7% \$ _____
(CH 98 ART. III)

PENALTY 5% (1-30 DAYS LATE) \$ _____

PENALTY 10% (31-60 DAYS LATE) \$ _____

INTEREST 10% (61+ DAYS LATE) \$ _____

SUBTOTAL \$ _____

HOTEL OCCUPANCY TAX @ 2% \$ _____
(CH 98 ART. IV - VENUE PROJECT)

PENALTY 5% (1-30 DAYS LATE) \$ _____

PENALTY 10% (31-60 DAYS LATE) \$ _____

INTEREST 10% (61+ DAYS LATE) \$ _____

SUBTOTAL \$ _____

TOTAL AMOUNT DUE \$ _____

MAKE CHECKS PAYABLE TO: CITY OF MCALLEN

REPORT OF HOTEL OCCUPANCY TAX FORM MUST BE SUBMITTED ON A MONTHLY BASIS TO THE CITY OF MCALLEN FINANCE DEPARTMENT.
IF THIS TAX DOES NOT APPLY TO YOUR ESTABLISHMENT, PLEASE RETURN THIS FORM WITH A NOTATION.

IF THERE HAVE BEEN ANY CHANGES IN THE BUSINESS STATED IN TH FRONT, INDICATE THE FOLLOWING:

NEW BUSINESS NAME _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

PHYSICAL ADDRESS _____

NEW OWNER'S NAME _____

DATE OF SALE _____

ADDITIONAL NOTES _____