



City of Irving Hotel/Motel Occupancy Tax Report

Ordinance No. 5237, Dated June 25, 1987

REPORT MUST BE FILED EVEN IF NO TAX IS DUE

IRVING

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| Taxpayer Name, Mailing Address & Email Address |
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| |

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|-----------------------|
| Texas Taxpayer Number |
| |
| Quarter Ending Date |
| |

| 1. Facility Trade Name, Location Address, Email Address & Phone No. | 2. Total Room Receipts | 3. Exemptions | 4. Taxable Room Receipts |
|---|------------------------|---------------|--------------------------|
| | \$. | \$. | \$. |
| | \$. | \$. | \$. |

5. Total Room Receipts (Total of Column 2) 5. \$ _____.

6. Less: Exemptions for permanent residency (30 days or longer) 6. \$ _____.

7. Less: Exemptions for United States or State of Texas 7. \$ _____.

8. Less: Exemptions for diplomatic personnel with a card 8. \$ _____.

9. Less: Exemptions for military personnel on official business 9. \$ _____.

10. Total Taxable Receipts (Line 5 minus lines 6-9) (Total of column 4) 10. \$ _____.

11. Total Hotel Motel Occupancy Tax Due (9% of Line 10) 11. \$ _____.

12. PENALTY: If return is filed or tax is paid after the due date, enter penalty
 1- 30 days late – 5% of Line 11. More than 30 days late – 10% of Line 11. . 12. \$ _____.

13. INTEREST: If tax is paid more than 60 days late, enter interest
 9% of Line 11; divided by 365; times the number of days over 60 paid late. . 13. \$ _____.

14. Total Amount Due and Payable (Line 11 plus Line 12 plus Line 13) 14. \$ _____.

MAKE CHECK PAYABLE TO: **CITY OF IRVING**

Mail to: City of Irving
 Financial Services Department
 825 W. Irving Blvd.
 Irving, TX 75060

I declare that the information contained in this report and any attachments is true and correct to the best of my knowledge and belief

SIGN HERE ➤ Taxpayer or Duly Authorized Agent

Phone Number: _____ Date: _____