



# City of Irving Hotel/Motel Occupancy Tax Report

Chapter 16A of the Code of Ordinances

## Report Must be Filed Even if No Tax is Due

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

Texas Taxpayer Number: \_\_\_\_\_

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

Month Ending Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Facility Information	2. Total Room Receipts	3. Exemptions	4. Taxable Room Receipts
Trade Name: _____	\$ _____ . ____	\$ _____ . ____	\$ _____ . ____
Location Address: _____			
Email Address: _____			
Phone No.: _____			
Trade Name: _____	\$ _____ . ____	\$ _____ . ____	\$ _____ . ____
Location Address: _____			
Email Address: _____			
Phone No.: _____			

5. Total Room Receipts (Total of Column 2)	\$ _____ . ____
6. <b>Less:</b> Exemptions for Permanent Residency (30 days or longer)	\$ _____ . ____
7. <b>Less:</b> Exemptions for United States or State of Texas	\$ _____ . ____
8. <b>Less:</b> Exemptions for Diplomatic Personnel with a Card	\$ _____ . ____
9. <b>Less:</b> Exemptions for Military Personnel on Official Business	\$ _____ . ____
10. Total Taxable Receipts (Line 5 minus lines 6-9) (Total of Column 4)	\$ _____ . ____
11. Total Hotel/Motel Occupancy Tax Due (9% of Line 10)	\$ _____ . ____
12. <b>Interest:</b> If tax is late, enter interest 9% of Line 11; divided by 365; times the number of days late	\$ _____ . ____
13. <b>Penalty:</b> If return is filed or tax is paid after the due date <b>AND</b> it has been delinquent for at least one complete municipal fiscal quarter, enter penalty 15% of Line 11 (see instructions)	\$ _____ . ____
14. Total Amount Due and Payable (Line 11 plus Line 12 plus Line 13)	\$ _____ . ____

Make Check Payable to: **City of Irving**

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

Mail To: City of Irving  
Financial Services Department  
825 W. Irving Blvd.  
Irving, Texas 75060

**Sign Here** ➤ \_\_\_\_\_  
Taxpayer or Duly Authorized Agent

Phone No.: \_\_\_\_\_ Date: \_\_\_\_\_