

ORIGINAL RETURN

REPORT OF HOTEL OCCUPANCY TAX

ACCOUNT NO. _____ YOUR STATE REGISTER NO. _____

City of Snyder
Motel Tax Collector
P.O. Box 1341
Snyder, TX 79550-1341

(Ordinance No. 823) "There shall also be furnished to the Tax Collector of the City of Snyder at the time of payment of such tax, a copy of the Quarterly Tax Report filed with the State Comptroller in connection with the State of Texas Hotel Occupancy Tax. If any person shall fail to file a report as required herein or shall fail to pay to the Tax Collector the tax as imposed herein when said report or payment is due, he shall forfeit five per cent (5%) of the amount due as a penalty, and after the first thirty (30) days he shall forfeit an additional five per cent (5%) of such tax. Provided, however, that the penalty shall never be less than One Dollar (\$1.00). Delinquent taxes shall draw interest at the rate of six per cent (6%) per annum beginning sixty (60) days from the date due."

THIS REPORT IS FOR QUARTER ENDING:

(Due date is last day of following month)

Owner's Name & Business Location
(If different from mailing Address)

SIGNED: _____

MANAGER OF: _____

TOTAL RECEIPTS TAXABLE \$ _____

Net amount paid this quarter to State of Texas under Art. 23.04. Title 122A, Taxation general, of the revised Statutes of Texas. \$ _____

AMOUNT OF CITY TAX @ 7% \$ _____
AMOUNT OF COUNTY TAX @ 2% \$ _____
TOTAL TAX \$ _____

DISCOUNT (If return is filed and tax paid on or before due date). Enter 1% of Amount of Tax
\$ _____

PENALTY \$ _____

INTEREST \$ _____

LESS CREDIT MEMO \$ _____

DATE OF REPORT _____ NET AMOUNT DUE \$ _____

Forms for reporting Hotel Occupancy Tax will be mailed before each quarterly payment is due. Payments are due on the last day of January, April, July and October, of each year. This Quarterly Report must be returned under any condition. This space is for any changes occurring since last report. If business has been sold, indicate New Owner's name, mailing address, and date of sale.

NAME OF BUSINESS _____ ADDRESS (location) _____

BILLING ADDRESS _____ CITY & STATE _____

CITY & STATE _____

OWNER'S NAME _____ DATE OF SALE _____