

# CITY OF SEADRIFT QUARTERLY HOTEL OCCUPANCY TAX REPORT

FILING PERIOD: QUARTER ENDING \_\_\_\_\_

DUE DATE \_\_\_\_\_

Name and Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOCATION TRADE NAME AND ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Item 1 TOTAL ROOM RECEIPTS:.....\$ \_\_\_\_\_

Item 2 TOTAL TAXABLE RECEIPTS: .....\$ \_\_\_\_\_

Item 3 TOTAL TAX DUE (7% of Total Taxable Receipts (Item 2)): .....\$ \_\_\_\_\_

Item 4 HOTEL OPERATOR DEDUCTION (If paid on time, enter 1% of Item 3):.....\$ \_\_\_\_\_

Item 5 TAX DUE AFTER DEDUCTION (Item 3 less Item 4): .....\$ \_\_\_\_\_

Item 6 PENALTY (If paid after the first 30 days, add 15% of Item 3  
AS PENALTY, but not less than \$25.00): .....\$ \_\_\_\_\_

Item 7 INTEREST (Delinquent taxes draw interest at 10% per annum): .....\$ \_\_\_\_\_

Item 8 TOTAL AMOUNT DUE AND PAYABLE (Total of Items 5, 6, and 7): .....\$ \_\_\_\_\_

Make check payable to **City of Seadrift** and mail or bring with completed form to: City of Seadrift, PO Box 159, or 501 S. Main St., Seadrift, Texas 77983, Phone: 361/785-2251).

**AMOUNT PAID** \$ \_\_\_\_\_

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

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PRINTED NAME