

**Office Use Only**

Date Received: \_\_\_\_\_

**CITY OF SEADRIFT**  
P.O. BOX 159 / 501 S. MAIN ST.  
SEADRIFT, TX 77983  
(361) 785-2251**FILING DUE DATES**1Q JAN. - MAR. = DUE BY APR. 30  
2Q APR. - JUNE = DUE BY JULY 31  
3Q JULY - SEPT. = DUE BY OCT. 31  
4Q OCT. - DEC. = DUE BY JAN. 31**QUARTERLY HOTEL OCCUPANCY TAX REPORT****FILING PERIOD:** \_\_\_\_\_**DUE DATE:** \_\_\_\_\_*Please refer to box on the right-hand side for due date.*

Name and Mailing Address:

Location Trade Name and Address:

<b>1. TOTAL ROOM RECEIPTS</b>	\$
<b>2. TOTAL TAXABLE RECEIPTS</b>	\$
<b>3. TOTAL TAX DUE</b> (7% of Total Taxable Receipts (Item 2))	\$
<b>a. HOTEL OPERATOR DEDUCTION</b> (If paid on time, enter 1% of Item 3)	-\$
<b>b. PENALTY</b> (If paid after the first 30 days, add 15% of Item 3 as Penalty, but no less than \$25.00)	+\$
<b>c. INTEREST</b> (Delinquent taxes draw interest at 10% per annum)	+\$
<b>4. TOTAL AMOUNT DUE AND PAYABLE</b> (Items 3, 3a., 3b., 3c.)	\$

Please make checks payable to the **City of Seadrift.***Payments may also be done over the phone with a credit/debit card after form has been received. All credit/debit card transaction are subject to a processing fee.***Amount Paid**I declare that the information in this document and any attachments are true and correct \$  
to the best of my knowledge and belief.\_\_\_\_\_  
Signature of Owner/Manager\_\_\_\_\_  
Date\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Phone Number**COMPLETED FORMS MUST BE RETURNED TO THE CITY SECRETARY. FORMS CAN BE SUBMITTED BY THE FOLLOWING WAYS: IN-PERSON/DROP-BOX:** CITY HALL OFFICES, 501 S. MAIN ST., SEADRIFT, TX 77983; **MAIL:** P.O. BOX 159, SEADRIFT, TX 77983, **EMAIL:** g.torres@seadrifftx.org