



TOWN OF NORTHLAKE HOTEL OCCUPANCY TAX REPORT

Hotel Name: _____
Owner Name: _____
Manager Name: _____
Location Address: _____
Mailing Address (If Different): _____
Federal ID Number: _____
For Period Ending: _____
Report Due Date: _____

Gross Receipts For Month:	(A)	_____
Less Tax Exemptions (Detailed Report Required):	(B)	_____
Total Taxable Receipts (A - B):	(C)	_____
Tax Rate:	(D)	_____ .07
Tax Due (C*D):	(E)	_____
Penalty (1-10 Days = 10%, After 11th Day = 15%):	(F)	_____
Total Due To Town (E+F):	(G)	_____
Number of Room Days Rented:	(H)	_____
Number of Rooms Available:	(I)	_____
Number of Days In Month:	(J)	_____
Monthly Occupancy Rate (H/[I*J])	(K)	_____

I declare, under the penalties for filing false reports, that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete report. If the report is prepared by other than the taxpayer, his/her declaration is based on all the information relating to the matters required to be reported in this report of which he/she has knowledge.

Print Name & Title

Telephone Number

Signature

Date

Mail to:
1500 Commons Circle, Ste 300
Northlake, TX 76226