



Hotel Occupancy Tax Gun Barrel City, TX

Hotel Name: _____

Hotel Address: _____

Contact: _____

Remittance Address:

MuniServices, LLC

Attn: TX Hotel Occupancy Tax

PO Box 830725

Birmingham, AL 35283-0725

Phone (866) 240-3665 • Fax (205) 423-4099

Email: support@muniservices.com • Website: www.revds.com

Total Amount Remitted with This Return:

\$ _____

MAKE CHECK PAYABLE TO: Tax Trust Account
Do not staple or tape payment to your return. Do not send cash.

MuniServices Account #: _____

Filing Period: (If you are filing for more than one filing period, please complete a separate return for each filing period.)

Returns must be postmarked on or before the due date for the applicable filing period to avoid additional penalties and/or interest.

1st Quarter (Jan. 1st through March 31st) 2nd Quarter (April 1st through June 30th) 3rd Quarter (July 1st through Sept. 30th) 4th Quarter (Oct. 1st through Dec. 31st) YEAR: 20 _____

Due Date: Must be postmarked on or before the last day of the month following each quarterly filing period. (Example: 1st Quarter of Jan. 1st through March 31st is due on or before April 30th.)

1. Total Room Nights Available: _____ (Internal Code 8004-31-80)
2. Actual Room Nights Rented: _____ (Internal Code 8004-31-81)
3. Gross Room Receipts **Before** Exemptions: \$ _____
4. Minus Legal Exemptions from City Occupancy Tax:
 - (a) Contracted to use room for 30 consecutive days: \$ _____
 - (b) US employee or US military: \$ _____
 - (c) Foreign diplomatic personnel: \$ _____
 - (d) **Total Exemptions:** \$ _____
5. Taxable Room Receipts: \$ _____
(Line 3 minus 4d = Line 5) (Internal Code 8004-30-11)
6. Multiplied by Tax Rate: **x 7%**
7. Equals Tax Due: \$ _____
8. Plus Penalty (if applicable): \$ _____
Penalty due if not timely filed and paid.
Penalty calculated at 5% for first 30 days late. Additional 5% for more than 30 days.
9. **Equals Total Net Amount Due:** \$ _____

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Taxpayer's/Paid Preparer's Signature: _____ Date: _____ Telephone: _____ Fax: _____

Printed Name: _____ Email: _____ FEIN: _____

DISCLAIMER: Please note that the administration and rate changes on the MUNISERVICES, LLC Advisory and MUNISERVICES, LLC tax forms are updated once the required information has been received, verified and validated in compliance with MUNISERVICES, LLC policy. Any information received before or after the publication of a MUNISERVICES, LLC Advisory or tax form will not be guaranteed to appear on said forms until all such requirements have been met. MUNISERVICES, LLC is not responsible for incorrect information and/or improper use of the information provided. All updates are completed on a timely basis once the requirements have been met. For the most current MUNISERVICES, LLC administration and/or rate information provided, please visit our website at www.revds.com. **Returned Check Disclaimer:** Effective July 1, 2010, each returned item received by MUNISERVICES, LLC due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. MUNISERVICES, LLC is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at www.revds.com/taxpayer/return-check-disclaimer.