

BREWSTER COUNTY HOTEL OCCUPANCY TAX REPORT

Completed Tax Return and Payment must be postmarked/received by the County on or before the 20th of the following month in which the tax was collected.

Calendar Month for Tax Report:	Taxpayer	r Number:
Name of Hotel/Motel Rental:		
Business Address:		
Business Telephone:	Email:	
Total Number of Rooms/Units Available:		
	Computation of Tax Liability	TV
1. Gross Receipts from Room/Units Rentals:	Computation of Tax Liability	1.\$
2. Less: Exempted Room/Units Rental Receipts		2.\$
3. Taxable Receipts: (line 1 minus line 2)		3.\$
4. Tax Liability: (line 3 multiplied by 7%)		4.\$
5. Discoun t: If filed and paid by the 20th (1% multiplied by line 4)		5.\$
6. Tax Due after discount: (line 4 minus line 5)		6.\$
7. *Penaity		
a. If payment is made after the due date: (5% of total on line 4)		7a.\$
b. If payment is made over 30 days from due date: (10% of total on line 4)		7b.\$
8. Total amount due and payable: (line 6 plus line 7a & line 7b)		8.\$
PAYABLE TO: Brewster	r County 107 W AVE E #4 Alp	pine, TX 79830
		Texas Tax Code 352.004. 0 432-837-6200 ext 13.
I hereby affirm that the information pre- above named business and	sented in this report is taken fron d is true and correct to the best o	
Printed Name of Individual Preparing Report	Title	
Signature	Date	
Date Received:	FOR OFFICE USE ONLY	Receipt#