REPORT OF HOTEL OCCUPANCY TAX – CITY OF DRIPPING SPRINGS, TEXAS

Taxpayer number:	Reporting Period:	
Due Date is the 20th day of the mont	h following the end of the Qu	ıarter
Trade Name:	Owner Name:	
Location Address:		
Mailing Address:		
Contact Person:	Phone Number:	
Email address:		
1. TOTAL RECEIPTS: Enter the gross receipts for all sleeping rooms claiming an exemption. Do not include miscellaneous ch personal services, etc.		s
2. EXEMPTIONS: Enter exempted receipts. A Texas Hotel Of (Form 12-302) must be completed for each exemption claimed of are not the same as State exemptions-see instructions for details	n this line. (Note: Local exemptions	S
3. TAXABLE RECEIPTS: Enter the total taxable receipts by s (line 2) from the TOTAL RECEIPTS (line 1).	ubtracting the EXEMPTED receipts	s
4. TAX RATE FOR CITY OF DRIPPING SPRINGS (7%):		.07
5. TAX: Multiply the TAXABLE RECEIPTS (line 3) by the TA	X RATE (line 4) and enter the result.	\$
6. DISCOUNT: Payments made by the DUE DATE following the end of the REPORTING PERIOD where no outstanding delinquent report exist, may withhold a 1% discount. Multiply the TAX (line 5) by .01, and enter the result. Non-qualifiers enter zero and continue to line 7.		\$
7. TOTAL: Subtract DISCOUNT (line 6) from TAX (line 5), enter result here, and skip to line 11. If paid after the DUE DATE, enter amount from line 5 here, and calculate late charges on lines 8-10.		s
8. PENALTY: For any tax paid after the DUE DATE, check the correct box: 5%-1-30 days late; 10%-31 or more days late. Calculate the penalty based on the percentage checked and enter the result.		s
9. INTEREST: Rate is 10% per annum for all days beginning to DATE. Multiply penalty rate times the number of days delinque the DUE DATE. Enter the RATE%. Calculate inte (filled in the blank) times the amount of TAX on line 5, and enter	ent, beginning with the 60th day after rest due by multiplying the RATE	\$
10. TOTAL LATE CHARGES: Add the amounts on lines 8 an	d 9 and enter the total.	s
11. AMOUNT DUE: If paying the tax current, enter the total f DATE, enter the sums of line 7 TOTAL and line 10 TOTAL LA		s
Remit AMOUNT DUE in line 11 to: City of Dripping Spri	ngs, P.O. Box 384, Dripping Springs	, TX 78620
(Print Name)	on in this document and any attachments	
is true and correct to the best of my knowledge and belief(S	ignature of duly authorized agent)	(Date)
Title	Daytime Phone ()	