



DRIPPING SPRINGS
Texas

REPORT OF HOTEL OCCUPANCY TAX

REPORTING QUARTER _____ YEAR _____

1st Quarter (Jan-Mar), 2nd Quarter (Apr-Jun), 3rd Quarter (Jul-Sep), 4th Quarter (Oct-Dec)

DUE DATE IS THE 20th DAY OF THE MONTH FOLLOWING THE END OF THE QUARTER

Name of Hotel / Short Term Rental: _____

Phone: _____ Email: _____

Property Owner Name: _____ Contact Person: _____

Location Address: _____

Mailing Address: _____

1. TOTAL RECEIPTS: Enter the gross receipts for all sleeping rooms rented, including sleeping rooms claiming an exception. This includes cleaning fees.	\$
2. EXEMPTIONS: Enter exempted receipts. A Texas Hotel Occupancy Tax Exemption Certificate (Form 12-302) must be completed (and attached to this form) for each exemption claimed on this line.	\$
3. TAXABLE RECEIPTS: Enter the total taxable receipts by subtracting the EXEMPTED RECEIPTS (line 2) from the TOTAL RECEIPTS (line 1).	\$
4. TAX RATE FOR CITY OF DRIPPING SPRINGS (7%):	.07
5. TAX: Multiply the TAXABLE RECEIPTS (line 3) by the TAX 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 exists, may withhold a 1% discount. Multiply the TAX (line 5) by .01 and enter the result. NON-QUALIFIERS LEAVE BLANK.	\$
7. TOTAL: Subtract DISCOUNT (line 6) from TAX (line 5).	\$
8. PENALTY: For any tax paid after the DUE DATE : 5%-1-30 days late; 10%-31 or more days late. Calculate the penalty based on the percentage and enter the result.	\$
9. INTEREST: Rate Is 10% (per annum) – beginning 60 days from due date. To calculate interest, TAX (line 5) x 10% x (# of days over 60) / 365 and enter the result.	\$
10. TOTAL LATE CHARGES: Add the amounts on lines 8 and 9 and enter the total.	\$
11. AMOUNT DUE: If paying the tax current, enter the total from line 7. If paying after the DUE DATE , enter the sums of TOTAL (line 7) and TOTAL LATE CHARGES (line 10), and enter the result.	\$

I, _____, declare that the information in this document and any
(Print Name)
attachments are true and correct to the best of my knowledge and belief.

(Signature & Title of Duly Authorized Agent)

(Date)

REMIT AMOUNT DUE ALONG WITH THIS COMPLETED REPORT TO –

City of Dripping Springs, Attn: Hotel Occupancy Tax, P.O. Box 384, Dripping Springs, TX 78620

For assistance, please contact akappler@cityofdrippingsprings.com