

Online filing: Coming Soon!

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Account Number: «txpid»

«txpname» «txpdba» «locadd1» «locadd2» «loccity», «locst» «loczip» This space is for changes which have occurred since the last submitted report. If the business has been sold, indicate the new owner's name, mailing address and date of sale.

Instructions: Select the applicable filing period and complete the information below for your Hotel Occupancy Tax. If payment is mailed, the envelope must be postmarked on or before the due date for the applicable filing period to avoid additional penalties and/or interest. If you are filing for more than one filing period, please complete a separate return for each period.

□ January □ February □ March □ April □ May □ June □ July □ August □ September □ October □ November □ December YEAR: 20_____ Due Date: Must be postmarked on or before the 20th day of the month following each period. (Example: July taxes are due on or before the 20th day of August)

Total room nights available: (8055-31-80)		
Actual room nights rented:(8055-31-81)		
 Total gross room receipts: Minus legal exemptions: 	1. \$	(8055-30-11)
(a) Permanent residents	(2a) \$	
(b) Religious, charitable or educational organization	(2b) \$	
(c) Federal/State employees travelling on official business	(2c) \$	
(d) Foreign Diplomatic Personnel carrying the US Department of State Tax Exemption Card	(2d) \$	
(e) Federal/State Military Personnel traveling on official military business. This exemption does not cover military staff on leave or between stations.	(2e) \$	
(f) Total Exemptions (Sum of line 2a through 2e):	(2f) \$	
3. Total taxable room receipts (Line 1 minus line 2f):	3. \$	
4. Total taxable room receipts multiplied by 7% (Line 3 x .07):	4. \$	
 Minus discount for Hotel Owner Collection Allowance (if applicable) Discount of 1% of tax due allowed 	5. \$	
 Penalty (if applicable): 5% applied if not filed by the due date. Additional 5% if not filed after the first thirty (30) days. Minimum penalty = \$10.00 	6. \$	
7. Interest (if applicable) Rate is 10% per annum for all days beginning with the 60 th day after the due date.	7.\$	
8. Total Amount Due (Sum of lines 4, 5, 6 and 7):	8. \$ Make check payable to "Tax	Trust Account"
I declare the information contained herein, including any exhibits attached h		

Taxpayer's/Paid Preparer's Signature	Date Signed	Telephone	Fax
Printed Name	Email	FEIN	

RETURNED CHECK DISCLAIMER: When you make a payment by check, you authorize us to use information from your check to make a one-time electronic fund transfer from your checking account according to the terms of your check or to process that transaction as a check. When we use your check to make an electronic fund transfer, funds may be withdrawn from your checking account, the same day we receive your payment, and you will not receive your check back from your financial institution. If there are insufficient funds in your checking account, you authorize us to charge a Returned Payment Fee as applicable in the amount set forth by law and collect that amount through an electronic fund transfer from your checking account, if permitted by applicable law. If another payment Fee.