



Hotel Occupation Tax

Federal Tax ID: _____ For Month Ending: _____

Taxpayer Name: _____ Trade Name: _____

Mailing Address: _____ Business Location: _____

Taxable Room Rentals _____

Total Tax 5% _____

Penalty/Interest _____

Total Due _____

I declare that the foregoing statements and figures are true, complete and correct to the best of my knowledge.

Signature of Owner/Agent

Date