



Toll Free Phone: (866) 240-3665 • Toll Free Fax: (855) 219-4338 • Email: supportmuni@avenuinsights.com • Online Filing: Coming Soon
City of Pearsall, TX • c/o Avenu Insights & Analytics • PO Box 830725 • Birmingham, AL 35283-0725

Account Number: _____

Business Name: _____

Address: _____

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 of the month following each quarterly period.
(Example: January/February/March taxes are due on or before the 20th day of April)*

Total room nights available: _____ (8053-31-80)

Actual room nights rented: _____ (8053-31-81)

1. Total gross room receipts: 1. \$ _____
(8053-30-11)

2. Minus legal exemptions:

(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) Total Exemptions (Sum of line 2a through 2d):	(2e) \$ _____

3. Total taxable room receipts (Line 1 minus line 2e): 3. \$ _____

4. Total taxable room receipts multiplied by 7% (Line 3 x .07): 4. \$ _____

5. Penalty (if applicable): 5. \$ _____
*5% applied if not filed by the last day of the calendar month in which they are due.
Additional 5% if not filed by the 1st day of each delinquent month
Minimum penalty = \$5.00*

6. Interest (if applicable) 6. \$ _____
*Interest due if tax not filed or paid on the first day of each month.
Calculate interest at 12% (0.03288) per day.*

7. Total Amount Due (Sum of lines 4, 5 and 6): **7. \$ _____**
Make check payable to "Tax Trust Account"

I declare the information contained herein, including any exhibits attached hereto, is true and correct to the best of my knowledge.

Taxpayer's/Paid Preparer's Signature	Date Signed	Telephone	Fax
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Printed Name	Email	FEIN
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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 method is returned unpaid, by your bank, we may, if permitted by applicable law, charge a Returned Payment Fee.

City of Pearsall, TX Hotel Occupancy Tax – Updated 07/2018