City of Port Aransas
Hotel / Motel Occupancy Tax Report

(Rev 07/04)
OCCTXRPT

For the reporting period ending _____

Owners Name: _____ Property Name: _____

Mailing Address: _____ Property Location: _____

_____ Phone # _____

1. A. Gross Revenue for the Reporting Period: $ _____
   B. Taxable Gross Revenues for the Reporting Period: $ _____

2. Amount of Hotel / Motel Occupancy Tax due: $ _____
   (Item 1B x .07)

3. Number of room nights available during Reporting Period: _____
   (# of rooms _____ x # of days in month)

4. Number of room nights rented during Reporting Period: _____

CALCULATIONS:

5. TOTAL TAX COLLECTED: $ _____
   (From Item 2 Above)

6. Prior months adjustments: $ _____

7. Total tax due the City: $ _____
   (Item 5 plus Item 6)

8. PENALTY (15% OF ITEM 7) $ _____
   (Penalty due if tax not paid within 20 days
   following the end of the Reporting Period)

9. TOTAL TAX AND PENALTY DUE CITY: $ _____

_____

Authorized Signature

PLEASE REMIT THIS STATEMENT WITH YOUR PAYMENT TO: CITY OF PORT ARANSAS FINANCE DEPARTMENT, 710 W. AVE. A, PORT ARANSAS, TEXAS 78373-4128

RETURN WHITE & YELLOW COPY WITH PAYMENT