



**UVALDE COUNTY
HOTEL OCCUPANCY TAX REPORT**

Taxpayer Number

For quarter ending (circle one)
Mar 31 June 30 Sept 30 Dec 31
Year: _____

Taxpayer Name and Mailing Address:

*** REPORT MUST BE POSTMARKED ON OR BEFORE THE 31ST DAY OF THE MONTH FOLLOWING THE REPORTING PERIOD**
*** 5% PENALTY WILL ADDED IF NOT PAID BEFORE 31 DAYS OF DUE DATE**
*** 10% PENALTY WILL BE ADDED IF NOT PAID BEFORE 60 DAYS OF DUE DATE**

E-MAIL: _____ PHONE# _____

Number Of Rooms	Location Trade Name and Address	Total Room Receipts	Total Taxable Receipts

1. Total room receipts for ALL locations: 1. \$ _____
2. Total taxable receipts for ALL locations: 2. \$ _____
3. Total tax due (line 2 x 4%): 3. \$ _____
FILE REPORT EVEN IF NO TAX DUE

Make amount in item 3 payable to: UVALDE COUNTY TAX ASSESSOR COLLECTOR	I declare that the information in this document is true and correct to the best of my knowledge and belief.	
Mail Report and check to: Uvalde County Tax Assessor Collector 100 North Getty, # 8 Uvalde, Texas 78801	Sign Here <small>Duly authorized agent</small> 	
	Daytime phone <small>(Area code and number)</small>	Date

FOR OFFICE USE ONLY: Date Received:	Receipt #
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