UVALDE COUNTY
HOTEL OCCUPANCY TAX REPORT

• *A REPORT MUST BE FILED EVEN IF NO TAX IS DUE.*

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.

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 EVEN IF NO TAX DUE

Make amount in item 3 payable to:
UVALDE COUNTY
TAX ASSESSOR COLLECTOR

Mail report and check to:

Uvalde County
Tax Assessor Collector
100 North Getty, # 8
Uvalde, Texas 78801

I declare that the information in this document is true and correct to the best of my knowledge and belief.

Sign Here *Duly authorized agent*

Daytime phone
(Area code and number)

Date