



City of Wichita Falls Hotel and Motel Tax Report

Month and Year Reporting: _____

Taxpayer Number: _____

Hotel Name: _____

Hotel Street Address: _____

Taxpayer Name: _____

Taxpayer Address: _____

Average Daily Rate: _____

Occupancy Rate: _____

Total Rooms Rented: _____

1.	Total Taxable Gross Receipts	
2.	Total Tax Exempt Receipts	
3.	Total Taxable Receipts (Line 1 minus Line 2)	
4.	Total Amount of Hotel/Motel Occupancy Tax Due (7% of Line 3)	
5.	Total Amount of 2% Venue Tax Due (2% of Line 3)	
6.	Less Payments Previously Credited to this Period	
7.	Net Tax Due After Previous Payment	
8.	Late Filing Penalty, If Applicable	
9.	Late Filing Interest, If Applicable	
10.	Total Amount Due and Payable (Add Lines 4 through 9)	

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

X

Signature and Date

Remittance Address:
City of Wichita Falls
Finance Department
P.O. Box 1431
Wichita Falls, Texas 76307