



CITY OF WOODCREEK

HOTEL OCCUPANCY TAX REPORT

Texas Taxpayer Number:	Filing Period:	Due Date:
------------------------	----------------	-----------

1. Hotel Name:
2. Owner Name:
3. Physical Address:
4. Mailing Address (if different):

5. Total Room Receipts:	
6. Total Taxable Receipts:	
7. Total Tax Due (5% of line 6):	
8. Penalty:	
9. Interest:	
10. Total amount due and payable: (line 7 plus line 8 & 9 if applicable)	

Number of room days rented:	
Number of rooms available:	
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.	
Duly Authorized Agent:	
Sign Here: _____	
Daytime Phone:	Date:

A copy of the Texas Hotel Occupancy Tax Report (12-100) submitted to the Texas Comptroller of Public Accounts must be attached to this Report.

Make amount payable on line 10 payable to: City of Woodcreek
Mail Reports & check to: City of Woodcreek, Attn: City Secretary 41 Champions Circle Woodcreek, Texas 78676