



CITY OF WOODCREEK

HOTEL OCCUPANCY TAX REPORT

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

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

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| 5. Total Room Receipts: | |
| 6. Total Taxable Receipts: | |
| 7. Total Tax Due (7% of line 6): | |
| 8. Discount (0.5% of line 7): | |
| 9. Tax due after discount (line 7 minus line 8): | |
| 10. Penalty: | |
| 11. Interest: | |
| 12. Total amount due and payable: (line 9 plus line 10 & 11 if applicable) | |

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|---|-------|
| 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: |

This form must be completed in its entirety to be eligible for the 0.5% prompt payment credit.

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.

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| Make amount payable on line 12 payable to: City of Woodcreek |
| Mail Reports & check to: City of Woodcreek, Attn: City Secretary 41 Champions Circle Woodcreek, Texas 78676 |