

INSTRUCTIONS FOR COMPLETING THE CITY OF AUSTIN REPORT OF HOTEL OCCUPANCY TAX

WHO MUST FILE: You must file this report if you are a sole owner, partnership, corporation, or other organization that owns, operates, manages, or controls any hotel, motel, tourist homes, houses, inns, rooming houses, or other buildings where rooms are furnished for a consideration in the full purpose jurisdiction of the City of Austin.

ITEM 1 Enter the total amount of all room receipts during the reporting period.

ITEM 2 Enter the total amount of 30-day residency exemptions. Occupant must advise the outlet **Upon Arrival**, of their intent to stay 30+ days. If intent is not expressed, the first thirty (30) days are taxable. (See Sec.156.1012, State Tax Code)

ITEM 3 Enter the total amount of exempted receipts pursuant to the Emergency Disaster Proclamations related to Hurricane Ike. The Governor of the State of Texas issued the Hurricane Ike proclamation on September 12, 2008.

ITEM 4 Enter the total of other exemptions. Religious, Charitable and Educational organizations are **Not** exempt from City taxation. All other State exemptions apply to City taxes.

ITEM 5 Enter the total exemptions. Add line 2, line 3, and line 4.

ITEM 6 Enter the total taxable receipts. Subtract line 5 from line 1.

ITEM 7 Enter the amount of tax due. Multiply line 5 times seven percent (.09).

ITEM 8 Enter the amount of penalty due. Penalty is added if payment is made after the due date. Multiply line 7 times five percent (.05) for delinquent periods of for thirty (30) days or less. Multiply line 7 times ten percent (.10) for delinquent periods greater than thirty (30) days.

ITEM 9 Enter the amount of interest due. Interest of 10 percent per year is added if payment is made sixty (60) days or more after the due date. Interest is assessed beginning the first day following the first sixty (60) days of delinquency and continues to accrue until all delinquent taxes are paid. Multiply line 6 times .00833 (ten (10) percent per annum) times the number of months after first sixty days (60) days.

ITEM 10 Enter the total amount due. Add lines 6, 7, 8 and 9.

FOR ASSISTANCE Contact the Financial Services Division, Controller's Office 512-974-2896 or 512-974-2864.

WHEN TO FILE: This report must be filed on or before the last day of the month following the calendar quarter. **Return must be filed even if no tax is due.**

COMPLETE THE REPORT with a signature, business phone number and the date the report was completed.

CEASED OPERATIONS: If an outlet has ceased operation, write on the report the date operations ceased. If an outlet was sold, enter the date of sale, new owner's name, and phone number.

NEW OUTLETS: If an outlet is new, include the date opened, the outlet operating name, location address and phone number.

CITY OF AUSTIN; FSD – Hotel Occupancy Tax; P. O. Box 2920; Austin, Texas 78768-2920; Phone: 512-974-2864 or 512-974-2896.

CITY OF AUSTIN, TEXAS

REPORT OF HOTEL OCCUPANCY TAX

(CITY ORDINANCE NO. 900830-L, SEPTEMBER 9, 1990)

(CITY ORDINANCE NO. 980709-G, AUGUST 1, 1998)

- 1. GROSS RECEIPTS DURING REPORTING PERIOD \$
2. OVER 30-DAY EXEMPTIONS GRANTED (RECEIPTS) \$
3. EXEMPTIONS - HURRICANE IKE VICTIMS (RECEIPTS) PURSUANT TO THE EMERGENCY DISASTER PROCLAMATION BY THE GOVERNOR OF THE STATE OF TEXAS ON SEPTEMBER 12, 2008 \$
4. OTHER EXEMPTIONS GRANTED (RECEIPTS) \$
5. TOTAL EXEMPTIONS GRANTED (LINE 2 + LINE 3 + LINE 4) \$
6. TOTAL TAXABLE RECEIPTS (LINE 1 - LINE 5) \$
**** 7. AMOUNT OF TAX DUE @ 9% (LINE 6 X .09) \$
8. PENALTY DUE @ 5% PER MONTH FOR FIRST (2) TWO MONTHS \$
9. INTEREST DUE @ 10% PER ANNUM (BEGINING IN 3RD MONTH) \$
**** 10. TOTAL AMOUNT DUE \$

PLEASE ATTACH A COPY OF YOUR STATE REPORT

Name and mailing address:

FOR 3RD QUARTER ENDING
SEPTEMBER 31, 2008
YOUR REPORT AND MONIES ARE DUE
OCTOBER 31, 2008

FOR OFFICE USE ONLY
CUST# _____ CK# _____
PRINCIPAL _____
PENALTY _____
INTEREST _____
QUARTER 1 2 3 4
CR AMOUNT _____
CR PENALTY _____
CR INTEREST _____

I " I DECLARE, UNDER PENALTIES PRESCRIBED, THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE."

SIGNED _____ DATE _____

Print Name: _____ Phone #: _____

RECOMMENDED
CLAIM OF TAX EXEMPTION UNDER GOVERNOR'S PROCLAMATION OF SEPTEMBER 12ND

I HERBY CERTIFY under pain of perjury that I am a victim of Hurricane Ike who is obtaining lodging at the _____
(establishment) in Austin, Texas, having been displaced from my residence located at _____ (street),
_____ (city), _____(state).

Signed: _____

Instructions to Lodging Provider: Please endeavor to obtain proof of the foregoing address information through Driver's License or other form of identification, and complete the following:

Date of Inception of Stay: _____

Date of Termination of Stay: _____

Rent Earned from Stay: _____



RETURN TO:

CITY OF AUSTIN
FSD-HOTEL
P.O. BOX 2920
AUSTIN, TEXAS 78768-2920
512-974-2864