



City of Helotes Hotel Occupancy Tax (HOT) Report

HOT Taxpayer Number:	Filing Period:	Due Date:
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Taxpayer Name and Mailing Address:
(Make any necessary name changes below)

IMPORTANT

If any location shown is no longer in business, write the location number and the date you went out of business.
Location No.: _____ OOB Date: _____

A report must be filed even if no tax is due.

1. No. of Rooms	2. Location Trade Name and Address	3. Location Number	4. Total Dollar Amount of Receipts	5. Total Taxable Receipts

- 6. Total room receipts (dollars) for ALL locations (Item 4 from this and all supplemental pages)-----6. _____
- 7. Total taxable receipts (dollars) for ALL locations (Item 5 from this and all supplemental pages)----7. _____
- 8. Total tax due (7% of Item 7)-----8. _____
- 9. Penalty (See below)-----9. _____

Any person failing to file a required report or to pay the City the tax imposed by Code of Ordinances Section 82-4(b) when due, will be assessed a five percent (5%) penalty on the amount of tax then due. If such report or tax is 30 days or more late, an additional five percent (5%) penalty will be imposed on the tax due for a maximum penalty of ten percent (10%); provided, however, that the minimum penalty amount imposed under this Section shall not be less than \$25.00. If the penalty due under this Section is not paid, such penalty shall incur simple interest at six percent (6%) per annum beginning on the 60th day from the date the tax was due.

- 10. Interest -----10. _____
- 11. **TOTAL AMOUNT DUE AND PAYABLE** (Item 8 plus Item 9 plus Item 10)-----11. _____

Mail amount in Item No. 11 payable to the City of Helotes

City of Helotes
Attn: City Administrator
PO Box 507
Helotes, TX 78023-0507

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



Date _____

Daytime Phone: _____