



## HOTEL - MOTEL OCCUPANCY QUARTERLY TAX REPORT

<b>HOTEL NAME:</b>	
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Contact Person: <i>(please print)</i>	Telephone#:
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Address:

<b>Report for Quarter Ending:</b> <i>(please check appropriate box)</i>			
<input type="checkbox"/>	March 31, _____	<input type="checkbox"/>	September 30, _____
<input type="checkbox"/>	June 30, _____	<input type="checkbox"/>	December 31, _____

Please complete the following:	GROSS ROOM RECEIPTS	TIMES CITY RATE	TAX DUE
<b>Month #1</b>		<b>x 7% =</b>	
<b>Month #2</b>		<b>x 7% =</b>	
<b>Month #3</b>		<b>x 7% =</b>	
<b>TAX DUE THE CITY:</b>			

Payment is due on or before the last of the month following the close of the quarter.

***For assistance contact the Finance Director; City of Freeport City Hall (979) 233-3526.***

Make the tax due payable to: City of Freeport  Mail to: Finance Director City of Freeport 200 W 2nd St Freeport, TX 77541	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 <span style="float: right;">Date</span>  <b>sign here</b> ▶
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