

CITY OF KEMAH HOTEL OCCUPANCY TAX REPORT

Name and mailing address:

Taxpayer Number: _____

Quarter Ending: _____
(Due Last Day of Month Following Each Quarter)

Outlet Trade Name and Location Address:	Total Tax Collected	Total Room Receipts	Total Taxable Receipts
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- | | |
|--|----------|
| 1. Total room receipts for ALL locations | \$ _____ |
| 2. Total taxable receipts for ALL locations | \$ _____ |
| 3. Total tax due (7% of Item 2) | \$ _____ |
| 4. Penalty(5% of Item 3 if not paid by last day of the month following the quarter. | \$ _____ |
| 5. Additional Penalty (5% of Item 3 if not paid within 30 days of due date) | \$ _____ |
| 6. Interest (6% per annum beginning 60 days from the date due) | \$ _____ |
| 7. TOTAL AMOUNT DUE AND PAYABLE | \$ _____ |

Taxpayer name: _____

Make the amount in item 7 payable to: CITY OF KEMAH

Mail to: City of Kemah
1401 Hwy 146
Kemah, Texas 77565

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

SIGN HERE _____
DATE: _____
DAYTIME PHONE: _____