



HOTEL OCCUPANCY TAX FORM

(City Ordinance No. 02-99 Date: October 16, 2002 As Amended)

Hotel Name: _____
Hotel Address: _____
Hotel Phone : _____

Number of Rooms Sold _____

Total Taxable Receipts _____

Total Tax Due 7% _____

Penalty 15% _____

Interest 4.75% _____

Total Amount Due _____

MAKE CHECK PAYABLE TO: CITY OF HARLINGEN

Remittance Address:

City of Harlingen
Attn: Finance Department
P. O. BOX 2207
Harlingen, TX 78551-2207

Filing Period: (If you are filing for more than one filing period, please complete a separate return for each filing period.)
Returns must be postmarked on or before the due date for the applicable filing period to avoid additional penalties and/or interest.

January February March April May June July August

September October November December YEAR: 20 ____

Due Date: Must be postmarked by the last day of the month for the preceding month's taxes to be considered timely filed. (Example: October's taxes are due on or before November 30th)

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

Tax Payer Printed Name _____ Tax Payer Signature: _____

Forms for reporting HOTEL OCCUPANCY TAX are available online at:
www.myharlingen.us/finance/forms