

City of Bellmead, Texas
Report of Hotel Occupancy Tax

This report is filed for the Period Ending: _____
Report and payment is due prior to month end of the following month.

Hotel Name: _____

Address: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

A. Total Gross Receipts	\$ _____	
B. Total Taxable Receipts	\$ _____	
C. Amount of Tax @ 7%	\$ _____	(B X .07)
D. Penalty @5%, if past Due (0-30 days)	\$ _____	(C X .05)
E. Penalty @5%, if past Due (31-60 days)	\$ _____	(C X .05)
F. Interest @ 10%, due date + 60 days	\$ _____	(C x .10)
G. Total Amount Due	\$ _____	(C+D+E+F)

Please make checks payable to: City of Bellmead
Deliver or mail to: City of Bellmead
Finance Department
3015 Bellmead Dr.
Bellmead, Texas 76705

I certify under the penalty prescribed by the City's Code of Ordinance, that the information contained herein is true and correct to the best of my knowledge and belief.

Signature: _____

Title: _____

Printed Name: _____

Date: _____