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CITY OF MINEOLA, TX

HOTEL OCCUPANCY TAX REPORT

1. Lodging Name:	
2. Owner Name:	
3. Lodging Address:	
Mailing Address (if different)	
For What Quarter:	
1 st Quarter = Jan. Feb. & Mar. 2 nd Quarter = Apr. May & Jun. 3	r rd Quarter = Jul. Aug. & Sep. 4 th Quarter = Oct. Nov. & Dec.
How many rooms:	
Taxpayer Number:	
5. Total room receipts:	
6. Less Tax Exemptions: (include Tax Exemption Report)	
7. Total taxable receipts:	
8. Total tax due (7% of line 7):	
9. Penalty: *If report is filed or tax paid after the due date, enter penalty of 5% of line 8 for each 30 days tax is not paid.	
10. Interest: *If any tax is unpaid 60 days from due date, calculate 6% interest of Line 8.	
11. Total amount due and payable:	
(line 8 plus line 9 & 10 if applicable)	
report or payment is due, or shall file a false report, then such person shall be deel article or violates the reporting provisions imposed by this article within the time repaid as a penalty; provided, however, the penalty shall never be less than \$1.00. the date due. (Code 1977, § 15-23; Ord. of 3-12-1979, § 8) I declare, under the penalties for filing false reports statements) has been examined by me and to the best of	as required herein, or shall fail to pay to the city secretary the tax, as imposed herein, when sain med guilty of a misdemeanor. In addition, such a person who fails to remit the tax imposed by this quired shall forfeit an additional five percent of the tax due for each 30 days the same is not timely Delinquent taxes shall draw interest at the rate of six percent per annum beginning 60 days from s, that this return (including any accompanying schedules and off my knowledge and belief is a true, correct, and complete return. I declaration is based on all the information relating to the matters a knowledge.
	Authorized Agent
Printed Name & Title Here ▶	
Sign Here ► X	
Email Address	
Daytime Phone	Date
Make amount on line 11 payable to: CITY OF MINEOLA,	TX
Mail reports & check to: City of Mineola PO Box 179 Mineola, TX, 75773	

INSTRUCTIONS FOR COMPLETING THE MINEOLA, TX HOTEL OCCUPANCY TAX REPORT

GENERAL INSTRUCTIONS

Who Must File: Per Code of Ordinances City of Mineola, Texas: Chapter 40 Taxation, Article II Hotel, Motel Occupancy Tax: You must file this report if you are a sole owner, partnership, corporation or other organization that owns, operates, manages or controls any hotel/motel in the City of Mineola, TX. Failure to file this report and pay applicable tax may result in fines/ penalties as prescribed by City Ordinance, Chapter 40, Article II, Hotel, Motel Occupancy Tax, Section 40-29. You must file this report even if you did not have income from room receipts.

When to File: Reports must be filed or postmarked by the last day of the month following the reporting period.

1st Quarter due April 30 2nd Quarter due July 31 3rd Quarter due October 31 4th Quarter due January 31

Record Keeping: Complete and detailed records must be kept of all receipts reported and exemptions claimed in the event of an audit by the City.

For Assistance: Call 903-569-6183

Form: available for download at www.mineola.com

SPECIFIC INSTRUCTIONS

Line 5: enter amount reported to State of Texas

Line 6: enter Exemption amount, attach Tax Exempt Certificate and record on Tax Exemption Form

Line 7: enter TAXABLE amount (line 5 minus line 6)

Line 8: multiply line 7 by .07

Line 9: If report is filed or tax paid after the due date, enter penalty of 5% of line 8. Line 10: If any tax is unpaid 61 days after due date, calculate 6% interest of line 8.

Line 11: Add lines 8, 9 & 10 for total to pay.

TAX EXEMPT

The following individuals are exempt from local hotel occupancy tax. Record exemption number on Mineola, TX Tax Exemption report in "Exemption Type" field.

- 1. U.S. Government Agencies
- 2. Military Personnel
- 3. State of Texas Agency, Institution, Board or Commission Members
- 4. Diplomatic Personnel with a Tax Exemption Card
- 5. Occupants whose use or possession extends thirty (30) days or longer

City of Mineola Tax Exemption Report

(Attach to Hotel Occupancy Tax Report)

Check In Date	Check Out Date	Guest Name	Organization Name	Exemption Type	Total Nights Exempt	Room Rate/Night	Folio Number	Dollar Amount Exempt