

**City of Castroville**  
*the Little Alsace of Texas*  
1209 Fiorella Street



Castroville, TX 78009  
830-931-4070  
Fax 830-931-6373

## **City of Castroville Hotel Occupancy Tax Report**

Trade Name: \_\_\_\_\_ Location Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Fax: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Reporting Period:

JAN/FEB/MAR (1ST Q) \_\_\_\_\_ APRIL/MAY/JUN (2ND Q) \_\_\_\_\_ JUL/AUG/SEPT (3RD Q) \_\_\_\_\_ OCT/NOV/DEC (4TH Q) \_\_\_\_\_

Is this location still in business? Yes No If no, as of what date sold/transferred/closed: \_\_\_\_\_

If this location has been sold or transferred, provide the new trade name, owner's name, address and phone number.

<i>Trade Name</i>	<i>Owner's Name</i>	<i>Address</i>	<i>Phone</i>	
1ST Q DUE APRIL 20	2ND Q DUE JULY 20	3RD Q DUE OCT. 20	4TH Q DUE JANUARY 20	Gross Receipts
First Month (month end Date/Year) _____				\$ _____
Second Month (month end Date/Year) _____				\$ _____
Third Month (month end Date/Year) _____				\$ _____
				Number of Rooms
				Nights Booked
Total Taxable Receipts for Quarter				\$ _____
Tax Rate				X 7%
Tax Due				\$ _____
<b>Less 1% Paid Before Due Date</b>				\$ _____
Tax Due After 1% Discount				\$ _____
<b>Plus 5% Penalty if Paid After Due Date</b>				\$ _____
Total Tax Due/Paid				\$ _____

I, \_\_\_\_\_ (print name), declare that the information contained in this document covering the above period is accurate, true and correct, to the best of my knowledge and belief.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Title or Capacity*

\_\_\_\_\_  
*Signature*