

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.

Trade Name Owner's Name Address Phone

1ST Q DUE APRIL 20 2ND Q DUE JULY 20 3RD Q DUE OCT. 20 4TH Q DUE JANUARY 20

	Gross Receipts	Number of Rooms Nights Booked
First Month (month end Date/Year) _____	\$ _____	_____
Second Month (month end Date/Year) _____	\$ _____	_____
Third Month (month end Date/Year) _____	\$ _____	_____

Total Taxable Receipts for Quarter \$ _____

Tax Rate X 7%

Tax Due \$ _____

Less 1% Paid Before Due Date \$ _____

Tax Due After 1% Discount \$ _____

Plus 5% Penalty if **Paid After Due Date** \$ _____

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