



City of Plano, Texas Hotel Occupancy Tax Report

Due Date - 30 days after month end

Hotel Name: _____
 Owner Name: _____
 Hotel Address: _____
 Mailing Address (if different): _____
 Month/Period Ending: _____
 Submitted By: _____

(A) Gross Sales Receipts: _____
 (B) Less Tax Exemptions: _____
 (C) Total Taxable Receipts: _____
 (D) Tax Rate: _____ .07
 (E) Amount of Tax Collected: _____
 (F) *Less 1% credit for Prompt Payment: _____
 (G) Total Tax Remitted: _____
 (H) Number of room days rented: _____
 (I) Number of rooms available: _____
 (J) Number of days in month: _____ $\frac{(H)}{(I \times J)}$
 (K) Monthly Occupancy Rate: _____ $(I \times J) = (K)\%$

I declare, under the penalties for filing false reports, that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return. If the return is prepared by other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he/she has knowledge.

Prepared By: _____
Name

_____ Title

_____ Telephone Number

_____ Email Address

Signature: _____

Date: _____

**Mail report, supporting documentation
for exemptions, and check to:**

City of Plano Attn: Hotel Occupancy Tax P.O. Box 860358 Plano, TX 75086-0358

**This form must be completed in its entirety to be eligible for the 1% prompt payment credit.*