



City of San Antonio

Department of Finance
 Revenue Collections Section
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Hotel Occupancy Tax Report City of San Antonio and Bexar County

REPORTING PERIOD		REPORT DATE			SLEEPING ACCOMMODATIONS LOCATION
MONTH	YEAR	DAY	MONTH	YEAR	
					<input type="checkbox"/> Located inside both the City of San Antonio and Bexar County
Hotel Occupancy Tax Report and payment are due on or before the last day of the month following the Reporting Period above.					<input type="checkbox"/> Located outside the City of San Antonio but inside Bexar County

TRADE NAME, ADDRESS & CONTACT INFORMATION						
TRADE NAME (DBA)						
OWNER NAME						
LOCATION ADDRESS						
MAILING ADDRESS						
CONTACT PERSON				TELEPHONE		

HOTEL OCCUPANCY TAX CALCULATION			CITY OF SAN ANTONIO	BEXAR COUNTY
1. TOTAL ROOM RECEIPTS	\$			
2. LESS EXEMPT ROOM RECEIPTS	-			
3. TOTAL TAXABLE ROOM RECEIPTS <i>(Line 1 minus Line 2)</i>	=			
4. HOTEL OCCUPANCY TAX RATES			9.00%	1.75%
5. HOTEL OCCUPANCY TAX DUE <i>(Line 3 multiplied by Line 4)</i>	X			
6. PENALTY <i>(If applicable, a 5% penalty, but not less than \$5, is due if paid during the second month following the Reporting Period; an additional 5% penalty, but not less than \$5, is due if paid during the third month following the Reporting Period).</i>				
7. INTEREST <i>(If applicable, interest accrues at a rate of 10% per annum if paid during or after the second month following the Reporting Period. Interest continues to accrue each month until tax is paid in full).</i>	+			
8. AMOUNTS DUE <i>(Line 5 plus Line 6 and Line 7)</i>	=			
9. TOTAL AMOUNT DUE AND PAYABLE TO THE CITY OF SAN ANTONIO <i>(Add both Columns on Line 8)</i>	\$			

AFFIDAVIT
 (Pursuant to San Antonio City Code, Chapter 31, Article IV, Sec. 70)

I declare that the information contained in this Hotel Occupancy Tax Report is accurate to the best of my knowledge and belief.

DULY AUTHORIZED AGENT (Print Name)	TITLE	SIGNATURE	DATE