



# City of San Antonio

## Hotel Occupancy Tax Report

City of San Antonio and Bexar County

**Finance  
Department**

REPORTING PERIOD	REPORT DATE	SLEEPING ACCOMMODATIONS LOCATION
<u>MONTH</u> <u>YEAR</u>	<u>DAY</u> <u>MONTH</u> <u>YEAR</u>	<input type="checkbox"/> Located inside both the City of San Antonio and Bexar County <input type="checkbox"/> Located outside the City of San Antonio but inside Bexar County

Hotel Occupancy Tax Report and payment are due on or **before the 20th day of the month** following the Reporting Period above.

**Print this form then enter the required information.  
Instructions are noted below.**

**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 (Line 1 minus Line 2)	=		
4. HOTEL OCCUPANCY TAX RATES		9.00%	1.75%
5. HOTEL OCCUPANCY TAX DUE (Line 3 multiplied by Line 4)	x		
6. PENALTY	Begins the first day of the second month following the reporting Period (5%) (cannot be less than \$5.00). SEE INSTRUCTIONS ON NEXT PAGE.		
7. INTEREST	Begins the second month following the reporting period at 10% per annum. SEE INSTRUCTIONS ON NEXT PAGE.	+	
8. AMOUNTS DUE (Line 5 plus Line 6 and Line 7)	=		
9. TOTAL AMOUNT DUE AND PAYABLE TO THE CITY OF SAN ANTONIO	\$		

**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

**Instructions:**

1. Complete this form entirely;
2. Sign the form in the designated location;
3. Mail the completed, signed form, along with your payment,  
**OR**
- 3a. FAX signed form, and call to make payment arrangements,  
**OR**
- 3b. Scan the completed, signed form and email it as an attachment, and call to make payment arrangements

**Mailing Address:**

City of San Antonio  
Department of Finance  
Revenue Division  
P.O. Box 839975  
San Antonio, TX 78283-3975

**Phone/FAX:**

Telephone: 210-207-8677  
FAX: 210-207-8676

**Email:**

HotelMonthlyReport@sanantonio.gov

**City of San Antonio**  
**Hotel Occupancy Tax Reporting Form Instructions**

1. At the top left hand corner under “**REPORTING PERIOD**”, enter Reporting Month and Year.
2. At the top left hand corner under “**REPORT DATE**” enter the Report Date.
3. Under “**SLEEPING ACCOMODATIONS LOCATION**”, check the applicable box. Check the top box if you are located inside both the City of San Antonio and Bexar County, or check the bottom box if you are located outside the City of San Antonio but inside Bexar County.
4. Under “**TRADE NAME, ADDRESS & CONTACT INFORMATION**” enter the appropriate information.
5. Under “**HOTEL OCCUPANCY TAX CALCULATION**” enter for Total Room Receipts on Line 1 under the column titled “**CITY OF SAN ANTONIO**” and/or the column titled “**BEXAR COUNTY**”, as applicable.
6. On Line 2, if applicable, enter Exempt Room Receipts for each column.
7. On Line 3, take Line 1 and subtract Line 2 for each column.
8. On Line 4, the appropriate Hotel Occupancy Tax rates are listed: City- 9% and County – 1.75%.
9. On Line 5, multiply Line 3 with Line 4 for each column.
10. On Line 6, fill in the applicable Penalty amount due. Reports that are not remitted timely, owe Penalty beginning the first day of the second month following the Reporting Period. Delinquent taxes accrue a five percent (5%) penalty. An additional five percent (5%) penalty accrues on the first day of the third month following the Reporting Period. The Penalty shall never be less than five dollars (\$5.00) for each Penalty.
11. On Line 7, fill in the applicable Interest amount due. Reports that are not remitted timely, owe Interest beginning the second month following the Reporting Period. Delinquent taxes accrue interest on the first day of each month at the rate of ten percent (10%) per annum or a monthly interest rate of 0.833%.
12. On Line 8, add Lines 5, 6, and 7 in each column for the Amounts Due for each entity.
13. On Line 9, add both columns to arrive at the Total Amount Due.
14. Review the information you have entered to assure it is correct. If you are in need of assistance, please call 210-207-8677 (Monday – Friday 7:45 a.m. – 4:30 p.m.).
15. Once you have reviewed and verified the information, remit your tax due and signed Hotel Occupancy Tax Report in either of the three options listed below:

- 1) **FAX: (210) 207-8676**
- 2) **EMAIL: [HotelMonthlyReport@sanantonio.gov](mailto:HotelMonthlyReport@sanantonio.gov)**
- 3) **MAIL: City of San Antonio  
Department of Finance  
Revenue Division  
P.O. Box 839975  
San Antonio, Texas 78283-3975**