

**CITY OF CLARKSVILLE, TEXAS  
HOTEL / MOTEL TAX REPORT**

<b>TAX PAYER NAME AND MAILING ADDRESS:</b>  _____  _____	<b>TAX REPORTING FOR PERIOD ENDING</b> (Circle One)			
	3/31	6/30	9/30	12/31

<b>BUSINESS NAME AND LOCATION ADDRESS:</b>  _____  _____	<b>TOTAL TAXABLE RECEIPTS</b>			
	1.	_____		
	2.	_____		
	3.	_____		

Total Taxable Receipts (Items 1, 2 & 3)	4.	_____
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Total Amount of Tax (7% of Item 4)	5.	_____
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Collector's Reimbursement (1% of Item 5)* *Enter only if Return is filed and taxes paid on or before the 30th of January, April, July, and October for the previous Qtr.	6.	_____
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Net Tax Due (Items 5 less Item 6)	7.	_____
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<b>PENALTY</b> (If return is filed or taxes paid AFTER due date) (1-30 days late = 10% of Item 7)	8.	_____
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Interest: If any taxes due are unpaid 61 days after due date enter Interest rate of 10% per annum on Item 7	9.	_____
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<b>TOTAL AMOUNT DUE AND PAYABLE</b> (Item 7 plus Items 8 & 9)	10.	_____
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**INSTRUCTIONS:**

A. Show Total Taxable Receipts reported to State of Texas for Texas Hotel and Motel Tax Report for same Reporting Period for each business location.

B. This report must be filed on or before the last day of the month following each quarter.

C. Remit Item 10 amount payable to the City of Clarksville, 800 West Main Street, Clarksville, TX 75426

I declare that the information contained in this document is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Tax Payer or Duly Authorized Agent

Date: \_\_\_\_\_

Business Telephone: \_\_\_\_\_