CITY OF LAGO VISTA TEXAS

HOTEL OCCUPANCY TAX REPORT

Note: Report MUST be filed even if no tax is due!

Individual/Entity Name:_____

Physical Location of Rental Property:_____

If mailing address has changed please note new address below:

Address:_____ Zip:_____

STATE TAXPAYER ID NUMBER: _____

QUARTER ENDING: _____

1. TOTAL TAXABLE RECEIPTS $_____
2. TAX - MULTIPLY TOTAL OF NO.1 BY .06 $_____
3. TOTAL AMOUNT DUE AND PAYABLE $_____

QUARTERLY DUE DATE: _____

PLEASE MAKE CHECKS PAYABLE TO THE CITY OF LAGO VISTA

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

Signed: _____ Date: _____
Taxpayer or Authorized Agent

Business Phone: _____

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