

CITY OF KINGSVILLE

P.O. BOX 1458 – KINGSVILLE, TEXAS 78364

TRANSIENT OCCUPANCY RETURN

(Business Name Here)
(Address 1 Here)
(Address 2 Here)

TAX IDENTIFICATION NUMBER	PERIOD ENDING	DATE DUE
_____	_____	_____
Total Rooms Available for Rent.....		_____
Total Rooms Occupied.....		_____
Percentage of Rooms.....	_____ %	
1) Gross Receipts from Occupancy of Rooms.....		_____
2) Allowable Deductions: Permanent Exempt.....		_____
Other Exempt.....		_____
3) Total Deductions.....		_____
4) Taxable Rents.....		_____
5) Total Tax Due: 7% of Line 4.....		_____
6) Vendor's Compensation 0.0% of Line 5.....		_____
7) Add: Penalty Interest (5%) (if any due).....		_____
8) Total Amount Due and Payable.....		_____

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT, AND THAT APPLICABLE INFORMATION HAS BEEN PROVIDED.

SIGNATURE TITLE DATE