

CITY OF CROCKETT
HOTEL OCCUPANCY REPORT

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TAXPAYER NUMBER _____

PERIOD ENDING DATE _____

TOTAL ROOM RECEIPTS _____

TAXABLE RECEIPTS _____

TOTAL ROOM RECEIPTS _____

TOTAL TAXABLE RECEIPTS _____

TOTAL TAX DUE (7% of Total Taxable receipts) _____

LATE FILING PENALTY & INTEREST _____

AMOUNT DUE & PAYABLE _____

SIGN
HERE

TAXPAYER OR DULY AUTHORIZED AGENT

BUSINESS PHONE NUMBER

DATE