**City of Johnson City, Texas**  
**Hotel Occupancy Tax (HOT) Report**

<table>
<thead>
<tr>
<th>HOT Taxpayer Number:</th>
<th>Filing Period:</th>
<th>Due Date:</th>
</tr>
</thead>
<tbody>
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</table>

Taxpayer Name and Mailing Address:  
(Make any necessary name changes below)

**IMPORTANT**  
If any location shown is no longer in business, write the location number and the date you went out of business.  
Location No.: ___________  OOB Date: ___________

**A report must be filed even if no tax is due.**

<table>
<thead>
<tr>
<th>1. No. of Rooms</th>
<th>2. Location Trade Name and Address</th>
<th>3. Location Number</th>
<th>4. Total Dollar Amount of Receipts</th>
<th>5. Total Taxable Receipts</th>
</tr>
</thead>
<tbody>
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</table>

6. Total room receipts (dollars) for ALL locations (Item 4 from this and all supplemental pages)--------6. ______________

7. Total taxable receipts (dollars) for ALL locations (Item 5 from this and all supplemental pages)----7. ______________

8. Total tax due (7% of Item 7)---------------------------------------------------------------------------------------------------8. ______________

9. Penalty (See below)-------------------------------------------------------------------------------------------------------------9. ______________

Any person failing to file a required report or to pay the City the tax imposed by Code of Ordinances Article 11.04 when due,  
will be assessed a five percent (5%) penalty on the amount of tax then due. If such report or tax is 30 days or more late, an additional five percent (5%) penalty will be imposed on the tax due for a maximum penalty of ten percent (10%); provided, however, that the minimum penalty amount imposed under this Section shall not be less than $1.00. If the penalty due under this Section is not paid, such penalty shall incur simple interest at six percent (6%) per annum beginning on the 60th day from the date the tax was due.

10. Interest  ------------------------------------------------------------------------------------------10. ______________

11. **TOTAL AMOUNT DUE AND PAYABLE** (Item 8 plus Item 9 plus Item 10)--------------------------11. ______________

Mail amount in Item No. 11 payable to  
the City of Johnson City

Attn: CAO/City Secretary  
P.O. Box 369  
Johnson City, TX 78636

For assistance, call 830-868-7111.

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

Date

Daytime Phone: