



**MONTHLY REPORT
HOTEL MOTEL OCCUPANCY TAX**

**Remit to: CITY OF LAREDO
TAX ASSESSOR COLLECTOR
P.O. BOX 6548
1102 BOB BULLOCK LOOP
LAREDO, TX 78042-6548**

For information or assistance call (956) 727-6421 or Fax: (956) 727-6410

Report for The Month of _____,

(Reporting and payment of tax is due in our office by the last day of the month following each monthly period. After this date, penalty and interest will be assessed as required by Ordinance.)

Name of Hotel/Motel Facility: _____

Address of Hotel/Motel Facility: _____

Mailing Address, if different from above: _____

(a.) Total Gross Receipts for Reporting Month \$ _____

(b.) Less: Receipts Exempt from Tax \$ _____

(c.) Total Taxable Receipts [(a) minus (b)] \$ _____

(d.) 7% of Total Taxable Receipts Due to City \$ _____

I declare under the penalties prescribed in Chapter 30, Article II Hotel Occupancy Tax Section of the City of Laredo Code of Ordinances, as may be amended, that the information contained in this document are true and correct to the best of my knowledge and belief.

Signature

Title

Copy of the Monthly State Hotel Occupancy Tax Report for the above period is required to be attached to this report. For those who report to the State quarterly, copy of the state report should be attached to the reporting month in which the quarter ends (March, June, Sept. and December).

***** A REPORT MUST BE FILED EVEN IF NO TAX IS DUE *****