



City of Fredericksburg Hotel Occupancy Tax Remittance Form

Remit to: City of Fredericksburg, TX • c/o Hotel Occupancy Taxes • 126 W. Main St. • Fredericksburg, TX 78624

Phone: (830) 990-2023 • Email: str@fbgtx.org

We accept checks, money orders, credit cards and ACH bank draft

To pay by credit card or ACH bank draft, email this form to str@fbgtx.org • Staff will send you an invoice with a secure payment link.

NOTE: Credit card fee is 2.9% • ACH bank draft is 0.08% up to \$5.00.

ATTENTION: If you are filing for more than one filing period, please complete a separate return for each period.

1. Business Name: _____ 2. Business Mailing Address: _____ 3. Business City, State, Zip: _____
4. Contact Name: _____ 5. Contact Email: _____ 6. Contact Phone: _____
7. Physical Location Address: _____ No. of Units / Rooms Available: _____ No. of Units / Rooms Rented: _____
8. I am filing Hotel Occupancy Taxes for one of the following (check one): STR Hotel/Motel
9. I am filing Hotel Occupancy Taxes for one of the following (check one): YEAR: _____ 10. I declare I did not have any taxable receipts.
- 1st Quarter - Jan. 1 thru Mar. 31 2nd Quarter - Apr. 1 thru Jun. 30 3rd Quarter - Jul. 1 thru Sep. 30 4th Quarter - Oct. 1 thru Dec. 31

11.	12.	13.	14.	15.	16.	17.	18.	19.
Permit #	Hotel/Motel or Short-term Rental Unit Name/Address	Total Receipts	Total Taxable Receipts	7% Tax Amount	1% Discount (if applicable)	15% Penalty (if applicable)	4.25% Interest (if applicable)	Tax Amount Due

20. Taxpayer Changes: Please use this section to show any changes or corrections on the Taxpayer. If this property has been sold or transferred, please indicate the New Taxpayer's Information.

Taxpayer Name: _____ Mailing Address: _____ City, State, Zip: _____

Contact Email: _____ Contact Phone: _____ Date of Change: _____

21. PROPERTY CHANGES Please check one (if applicable):

- I will not be renting this property any longer - this is my final report. I have sold this property and will not be renting it any longer - this is my final report. I am renting this property, but only for periods of 30 days or more at a time - this is my final report.

22. By signing below, I declare that the information in this document and any attachments are true and correct to the best of my knowledge and belief.

Sign Here _____ Print Here _____

Signature of Duly Authorized Agent Printed Name of Duly Authorized Agent Date

Returned Funds Disclaimer: Each returned item (check, automated clearing house (ACH) or credit card) received by the City of Fredericksburg due to insufficient funds will be assessed a \$30 administration fee. The City is not responsible for any additional bank fees that will accrue due to the submission of the returned item.

Instructions for Completing the City of Fredericksburg Hotel Occupancy Tax Report

WHO MUST FILE:

You must file this report if you are a sole owner, partnership, corporation or other organization that owns, operates, manages or controls any hotel, motel, or bed and breakfast within the City or ETJ of the City of Fredericksburg.

Complete and detailed records must be kept of all receipts reported and exemptions or reimbursements claimed so that reports can be verified.

Failure to file this report and pay applicable tax may result in collection action as prescribed by Title 2 of the Tax Code.

WHEN TO FILE:

Reports must be filed on or before the last day of the month following the quarterly reporting periods including March 31, June 30, September 30, and December 31.

1st Quarter, Jan 1 – Mar 31 - Due April 30th

3rd Quarter, Jul 1 – Sep 30 - Due Oct 31st

2nd Quarter, Apr 1 – Jun 30 - Due July 31st

4th Quarter, Oct 1 – Dec 31 - Due Jan 31st

If the due date falls on a Saturday, Sunday or City holiday, the preceding business day will be the due date.

**** Reports must be filed for every quarter even if you have no receipts subject to tax or no tax due. ****

SPECIFIC INSTRUCTIONS

Item 1-6 Review the Business Name (i.e., LLC or Company name), Business Mailing Address, Business City, Staten, and Zip. Enter the current Contact Name, Contact Email and Contact Phone number.

Item 7 Review the Physical Location Address. If multiple locations, enter permit number (if applicable), Hotel/Motel or STR Name and Address, Total Receipts, Taxable Receipts, Tax Amount, etc. in fields 11 - 19.

Item 8 Check the box to indicate if you are filing Hotel Occupancy Taxes for a Short-term Rental (STR) or a Hotel/Motel. Enter the number of units/rooms.

Item 9 Check the box to indicate which quarter you are filing Hotel Occupancy Taxes for and enter the Year. If you are filing for more than one filing period, please complete a separate form for each period.

Item 10 Check this box if you have \$0 taxable receipts during the quarter.

Item 11 Hotels/Motels do not enter a Permit number. If you are an **STR**, enter the permit numbers for each unit. This number can be found on your permit. If a permit number has not been issued to you, please contact Development Services to register your STR. 830-997-7521

Item 12 Enter the Name & Address of your Hotel/Motel or Short-term Rental (STR) Units.

Item 13 **Total Receipts.** This is the total receipts you received during the quarter. Enter "0" if no receipts were collected.

REMEMBER: Subtract the total amount of exceptions from the TOTAL RECEIPTS (Item 14) and enter the result in TAXABLE RECEIPTS (Item 15). If you have no taxable receipts to report enter "0". DO NOT ENTER EXEMPTIONS/DEDUCTIONS ON THIS REPORT.

Note: The following are exceptions to the tax:

Use or possession of a room for at least 30 consecutive days as a permanent residence with no interruption of payment for the period;

Use by religious, charitable or educational organizations where no part of the net earnings benefit the organization (see Rule 3.161);

Use by a State of Texas official presenting a hotel tax exemption card. (See Rule 3.161.) NOTE: State government agencies and their employees (except those state employees with hotel tax photo ID cards) may NOT claim an exemption for hotel tax.

Item 14 **Total Taxable Receipts.** This is your gross receipts to include cleaning fees. For example, if the nightly rate is \$200 and the cleaning fee is \$50, the total taxable amount is \$250. Enter "0" if no taxable receipts were collected.

Item 15 **Tax Amount.** Multiply seven percent (.07) by the Total Taxable Receipts amount in Item 14, and enter this amount here.

Item 16 **Discount.** If the report is filed and the tax paid on or before the due date, enter a discount of one percent (.01) of the Tax Amount - Item 15. For example, if the Tax Amount in Item 15 is \$100, your discount is \$1.

Item 17 **Penalty.** A penalty of 15% applies if payment is not filed and paid within 60 days from the due date. To calculate the penalty, multiply fifteen percent (.15) of item 15 and enter the amount in the column for Item 17.

Item 18 **Interest.** Interest due if not filed and paid by the due date beginning on the first day after the date due until the tax is paid. Calculate interest at 4.25% (0.0425), multiply 0.0425 by item 15 and enter the amount in the column for Item 18.

Item 19 **Tax Amount Due.** This is the amount you pay once you deduct the discount in Item 16 (if paying on time), or add the 15% penalty and 4.25% interest (if paying late) in Item 17-18.

Item 20 **Taxpayer Changes.** Please update the mailing address, email, or phone number as changes occur. If ownership of the property has changed, enter the new owner information as best as you are able. Enter the date of the change.

Item 21 **Property Changes.** Check the applicable box if you are no longer renting this property as a Short-term Rental (STR) for any reason.

Item 22 Sign, Print and Date the form