		Remit to: Burleson County T 100 W. Buck St., S Caldwell, TX 7783/	Suite 404	-	EL (UP	DF ANCY TAX JRLESON	audito	For Information: (979) 567-2331 FAX: (979) 567-2390 or@burlesoncounty.org
	(a) REPORT	ING PERIOD	(b) DUE	DATE (see b	below)			(d) LOCATION		(e) PAYMENT INFO
	MONTH (Quarter	DAY YEAF	R MONTH	DAY	YI	EAR		Located in the City of Caldwell, Somerville or Snook (All of these cities are within Burleson County)		Reporting taxes for the
	(c) Fi On Time Late	before the last da	Occupancy Tax and report are before the last day of the montl REPORTING PERIOD in (a).				Located in Burleson County (but outside the City of Caldwell, Snook or Somerville city limits)		County of Burleson	
(f) TRADE NAME AND CONTACT INFORMATION (g) STATUS OF BU Trade Name: Is this location still in business? Ye										SS No
Own	ner Name If no, as of what date sold/transferred/closed:									
Loca	ation Address:					s location has been sold or transferred, provi er's name, address and telephone number:		vide the new trade name, the new		
Maili	ing Address:		U If no, as of with the second			o name				
Cont	act:	т (elephone Number:) -		2					
(h) HOTEL OCCUPANCY TAX CALCULATIONS The Burleson County Treasurer collects HOTEL OCCUPANCY TAXES for Burleson County. Accommodations located in Bur County, including those in municipalities, will be reported in column (i).									rleson	BURLESON COUNTY (i) Receipts for locations in Burleson County
1) TOTAL GROSS RECEIPTS: Enter the gross receipts for all sleeping accommodations rented, including sleeping accommodations claiming exemption. Do not include miscellaneous charges such as for telephone, safes, personal services, and/or minibar, etc.									\$	
2)	EXEMPTIONS: Enter exempted receipts. A Texas Hotel Occupancy Tax Exemption Certificate (Form 12-302) must be completed for each exemption claimed on this line. (Note: <i>Local exemptions are the same as state exemptions - see instructions for details of allowable exemptions</i> .)									
3)	TAXABLE RECEIPTS: Enter the total taxable receipts by subtracting the EXEMPTED receipts (line 2) from the TOTAL RECEIPTS (line 1).									
4)	TAX RATE FOR BURLESON COUNTY:								х	2.00%
5)	TAX: Multiply the TAXABLE RECEIPTS (line 3) by the TAX RATE (line 4) and enter results. If paid on or before DUE DATE (b), enter this amount on line (9). If paid after the DUE DATE (b), go to line (6 and 7) and calculate late charges.									
SGES	6) PENALTY CALCULATION: Delinquent taxes accrue a five percent (5%) penalty on the first day of the first (1st) calendar month following the due date in box (b). An additional five percent (5%) penalty accrues on the first day of the second (2nd) calendar month following the due date in box (b). Multiply the applicable penalty times the amount of tax in column 5(i) and enter the results in column 6(i). (i) PENALTY RATE Note: The minimum penalty for late payment is \$5.00 10% - 2nd Month								+	
LATE CHARGES	 7) INTEREST RATE CALCULATION: Delinquent taxes and penalties accrue interest on the first (1st) day of each month beginning on the 61st day after the due date in box (b) at the annual rate of 10 percent (10%) per annum. Multiply the monthly interest rate (0.8333% times the number of months delinquent and enter the percentage in box (j). Calculate the amount of interest due by multiplying the percentage in box (j) times the sum of the amount of tax in column 5(i) plus the amount of PENALTY in column 6(i) and enter the results in column 7(i). 							+		
	8) TOTAL LATE CH	ARGES: Add the am	ounts on lines (6) and (7), and enter t	he tota	l in colu	mn (i) a	t right.	=	
9)	AMOUNT DUE: If paying the current tax, enter the totals from line (5), column (i) and proceed to the instruction in TOTAL TAX DUE below. If paying after the DUE DATE (b), enter the sums of line (5) (TOTAL) and line (8) (TOTAL LATE CHARGES), column (i) and proceed to the instructions in TOTAL TAX DUE below.									
Add total amount(s) due on line (9), column (i), and return this report with your check or n order payable to Burleson County Treasurer.									noney	\$
I,(PRINT NAME), am theowner,controller, orother. I declare that the information contained in this document covering the above period is accurate, true, and correct, to the best of my knowledge and belief.										
	Date		Telephone Number				Title or	Capacity		Signature of Affiant

DISTRIBUTION: Return original to Burleson County.