

City of Lockhart, TX
Hotel Occupancy Tax
308 W. San Antonio St.
Lockhart, TX 78644
(512) 398-3461

Hotel Occupancy Tax City of Lockhart, TX

Phone: (512) 398-3461

Fax: (512) 398-5103

Website: www.lockhart-tx.org

Name _____

Address _____

City State, Zip _____

Total Amount Remitted with This Return:

\$ _____

MAKE CHECK PAYABLE TO: City of Lockhart

Do not staple or tape payment to your return. Do not send cash.

Remit to: Hotel Occupancy Tax Dept. PO Box 239 Lockhart, TX 78644

Account #:

Filing Period: (If you are filing for more than one filing period, please complete a separate return for each filing period.)

Returns must be postmarked on or before the due date for the applicable filing period to avoid additional penalties and/or interest.

1st Qtr (Jan. 1st - March 31st) 2nd Qtr (April 1st - June 30th) 3rd Qtr (July 1st - Sept. 30th) 4th Qtr (Oct. 1st - Dec. 31st) YEAR: 20 _____

Due Date: Must be postmarked on or before the last day of the month following each quarterly filing period. (Example: 1st Quarter is due on or before April 30th)

1. Total Room Nights Available: _____
2. Actual Room Nights Rented: _____
3. Gross Room Receipts **Before** Exemptions: \$ _____
4. Minus Legal Exemptions from City Occupancy Tax:
 - (a) Contracted to use room for 30 consecutive days: \$ _____
 - (b) US employee or US military: \$ _____
 - (c) Foreign diplomatic personnel: \$ _____
 - (d) Total Exemptions: \$ _____
5. Taxable Room Receipts: \$ _____
(Line 3 minus 4d = Line 5)
6. Multiplied by Tax Rate: **x 7%**
7. Equals Tax Due: \$ _____
8. Plus Penalty (if applicable):
Penalty due if not timely filed and paid.
5% penalty for first 30 days not paid.
Additional 5% on the 31st day plus 6% interest per annum. \$ _____
9. **Equals Total Net Amount Due:** \$ _____

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Taxpayer's/Paid Preparer's Signature _____ Date Signed _____ Telephone _____ Fax _____

Printed Name _____ Email _____ FEIN _____