



City of Frisco, Texas Report of Short Term Rental Occupancy Tax

Hotel/STR Name: _____
 Owner Name: _____
 Location Address: _____
 Mailing Address (if different): _____
 Federal ID Number: _____
 For the period ending: _____
 Due date for report: _____

Gross Receipts: (A) _____

Tax Rate: (B) _____ **0.07**

Tax Due: A*B (C) _____

Specific instructions

Line (A)	Enter the total amount of room receipts for the month for location shown. Enter "0" if no taxable receipts were collected.
Line (B)	The Hotel Occupancy Tax rate is 7%.
Line (C)	Multiply Line A by 7%.

I declare, under the penalties for filing false reports, that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete report. If the return is prepared by other than the taxpayer, his/her declaration is based on all the information relating to the matters required to be reported in this report of which he/she has knowledge.

Type or print name and title

Telephone number

Signature

Date

Make check payable to City of Frisco
Mail report and check to City of Frisco, Attn: Finance, 6101 Frisco Square Blvd, 4th Floor, Frisco, TX 75034

For office use only:	
Convention: _____	Penalty: _____
Tourism/Promotion: _____	Interest: _____

