



City of Frisco, Texas Report of Hotel Occupancy Tax

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

Gross Receipts:	(A)	_____
Less Tax Exemptions:	(B)	_____
Total Taxable Receipts: A-B	(C)	_____
Tax Rate:	(D)	_____ 0.07
Tax Due: C*D	(E)	_____
Penalty:	(F)	_____
Interest:	(G)	_____
Total due to city: (E+F+G)	(H)	_____
Number of room days rented:	(I)	_____
Number of rooms available:	(J)	_____
Number of days in month:	(K)	_____
Monthly occupancy rate: I/(J*K)	(L)	_____

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: Revenue Collections, 6101 Frisco Square Blvd, Frisco, TX 75034

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