

# BLANCO COUNTY

## Hotel Occupancy Tax Form

MAIL REPORT AND PAYMENT TO:  
 CAMILLE SWIFT  
 BLANCO COUNTY TREASURER  
 PO BOX 471 JOHNSON CITY , TEXAS 78636  
 Phone-830-868-4566 Fax - 830-868-7788

REPORTING PERIOD:  
 \_\_\_\_\_ Qtr 1-January to March (due Apr 30)  
 \_\_\_\_\_ Qtr 2-April to June (due July 31)  
 \_\_\_\_\_ Qtr 3-July to September (due Oct 31)  
 \_\_\_\_\_ Qtr 4-October to December (due Jan 31)  
 \_\_\_\_\_ Monthly \_\_\_\_\_  
 (Indicate Month Above)

HOT #: \_\_\_\_\_

Reporting Due Date - on or before the last day of the month following the end of the reporting period.

Owner Name and Mailing Address:

A REPORT MUST BE FILED EVEN IF NO TAX IS DUE. PLEASE ENTER ZERO AND RETURN FORM.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| Location Trade Name and Address | Total Receipts | Taxable Receipts |
|---------------------------------|----------------|------------------|
|                                 |                | -                |
|                                 |                |                  |
| TOTAL                           | -              | -                |

|  |   |
|--|---|
| Total receipts for ALL locations         | - |
| Total TAXABLE receipts for ALL locations | - |
| Total tax due 7% of all TAXABLE receipts | - |

|                                 |   |
|---------------------------------|---|
|                                 | - |
| Total Tax Due - ON TIME PAYMENT | - |
|                                 |   |
|                                 | - |
|                                 | - |