Return payment and completed form to:

Madison County Treasurer

103 W Trinity STE 115

Madisonville, TX 77865

REPORT OF HOTEL OCCUPANCY TAX
COUNTY OF MADISON

For information:

Susan Pugh, Auditor

PHONE: (936) 241-6221

FAX: (936)-241-6222

(a) REPORTING PERIOD			(b) DUE DATE (see below)			(d) LOCATION
Quarter Ended						(Circle one) Located in the City of Madisonville or City of Midway (all of these cities are within Madison County). Located in Madison County (but outside the City of Madisonville or Midway city limits.)
MONTH	DAY	YEAR	MONTH	DAY	YEAR	

(c) FILING REPORT AND PAYMENT			(e) PAYMENT INFO
(circle one) On Time	Late	**Occupancy Tax** and **Report** are due on or before the last day of the month following the REPORTING PERIOD in (a).	Reporting taxes for Madison County

(f) TRADE NAME AND CONTACT INFORMATION	(g) STATUS OF BUSINESS
Trade Name:	Is this location still in business? (circle one) YES NO
Owner Name:	If no, as of what date sold / transferred / closed:
Location Address: **City, State Zip:**	If this location has been sold or transferred, provide the new trade name, the new owner's name, address and telephone number:
Mailing Address: **City, State Zip:**	

Contact Name: **Telephone Number:** **E-mail:**

(h) HOTEL OCCUPANCY TAX CALCULATIONS

The Madison County Treasurer collects hotel occupancy taxes for Madison County. Accommodations located in Madison County will be reported in column (i).			(i) Receipts for locations in Madison County
1) TOTAL GROSS RECEIPTS: Enter the gross receipts for all sleeping accommodations rented, including those claiming exemption. Do not include miscellaneous charges such as 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: Local exemptions are the same as state exemptions - see instructions for details of allowable exemptions.)		-	
3) TAXABLE RECEIPTS: Enter the total taxable receipts by subtracting the EXEMPTED receipts (line 2) from the TOTAL RECEIPTS (line1).		=	
4) TAX RATE FOR Madison COUNTY:		x	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 AMOUNT DUE (line 9). **If paid after the DUE DATE (b), go to lines 6 and 7 and calculate late charges.**		=	
6) PENALTY CALCULATION: Delinquent taxes accrue a five percent (5%) penalty on the 1st day following the due date in box (b). An additional five percent (5%) penalty accrues beginning the 31st day after the due date in box (b). **Multiply the applicable penalty times the TAX (line 5)**.	**(j) PENALTY RATE** 1-30 days late: 5% 31+ days late: 10%	+	
7) INTEREST RATE CALCULATION: Delinquent taxes and penalties accrue interest each day beginning on the 60th day after the due date in box (b) at an annual rate of 4.75 percent (4.75%). Take the number of days delinquent (only days over 60 days), divide by the number of days in the year, and multiply total by 4.75% and enter in box (k). Calculate the amount of interest due by multiplying the percentage in box (k) times the sum of TAX (line 5) plus the amount of PENALTY (line 6).	**(k) INTEREST RATE** 60+ days late: 4.75%	+	
8) TOTAL LATE CHARGES: Add the amounts on lines (6) and (7).		=	
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 (line 10) below. If paying after the DUE DATE (b), enter the sum of lines (5) & (8) and proceed to the instructions in TOTAL TAX DUE below.		$	
10) TOTAL TAX DUE: Add total amount(s) due on line (9), column (i), and return this report with your check or money order payable to Madison County Treasurer.			
11) AMOUNT PAID to Madison County Treasurer.			

AFFIDAVIT

I, _____ (PRINT NAME), am the _____ owner, _____ controller, or _____ other. 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 _____ SIGNATURE _____

HOTEL OCCUPANCY TAX REPORTING DATES

	Quarterly Reporting Dates:			Payment Due Date:
1st Quarter	January 1	to	March 31	April 30
2nd Quarter	April 1	to	June 30	July 31
3rd Quarter	July 1	to	September 30	October 31
4th Quarter	October 1	to	December 31	January 31