

**City of Stafford
Monthly Report
Hotel/ Motel Occupancy Tax**

Tax Report for the month of _____, 20_____

Name of Business: _____

*Physical Address: _____
_____*

*Mailing Address: _____
_____*

Total Number of Rooms Rented for Report Period: _____

Total Number Taxable Rooms Rented for Report Period: _____

Total Rooms Receipts _____

Total Number Taxable Receipts _____

Total Tax due @ 7% _____

Discount @ 1% _____

Penalty _____

Total Due _____

I _____ declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.

Signature of Owner or Officer _____ Date: _____

FOR PAYMENT ONLINE GO TO: <https://certifiedpayments.net/index.aspx?BureauCode=4230396>
AND Email Form to: ar@staffordtx.gov (when paying online)

You must include a copy of your State Report and return to:

**City of Stafford
Finance Department
2610 S. Main St.
Stafford, TX 77477**

Please do not write in the space below (City Use only)

Date received

Received by