

**City of Fayetteville, Texas
Local Hotel Occupancy Tax
Quarterly Report**

This form must be filed quarterly even if room receipts are \$0.

Name of Lodging Facility _____

Today's Date _____

Report for Quarter: 1st _____ 2nd _____ 3rd _____ 4th _____

Year _____

1) Total Room Receipts \$ _____
(Enter \$0 if no receipts)

1st Quarter due April 20th
2nd Quarter due July 20th
3rd Quarter due October 20th
4th Quarter due January 20th

2) Taxable Room Receipts \$ _____

Make checks payable to
City of Fayetteville

3) Total Tax Due \$ _____
(Line 2 x 7%)

Deliver/mail checks with
this form to

City of Fayetteville
202 West Main St.
Fayetteville, Texas 78940

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

(979) 378-2559

Signature _____