



## Hotel Occupancy Tax Report City of Coppell

Hotel Name \_\_\_\_\_

Reporting Period \_\_\_\_\_

Street Address \_\_\_\_\_

Reporting Year \_\_\_\_\_

|     | Hotel Occupancy Calculation                        | Month: | Month: | Month: | Total |
|-----|--|--------|--------|--------|-------|
| A   | Total Gross Receipts                               |        |        |        |       |
| B.1 | Federal Employee Exemptions                        |        |        |        |       |
| B.2 | State Official & Other Exemptions                  |        |        |        |       |
| B.3 | Permanent Resident Exemptions                      |        |        |        |       |
| B   | Total Allowable Exemptions<br><i>(B.1+B.2+B.3)</i> |        |        |        |       |
| C   | Net Taxable Receipts <i>(A-B)</i>                  |        |        |        |       |
| D   | <b>Total Tax Due 7% <i>(C*.07)</i></b>             |        |        |        |       |
| E   | Penalty & Interest                                 |        |        |        |       |
| F   | Tax + Penalty & Interest <i>(D+E)</i>              |        |        |        |       |

*Delinquent taxes shall draw interest at 6.5% per annum (prime rate plus 1% as reported by Wall Street Journal as of January 1 of current year- changes annually) beginning the first day after the date due until the tax is paid. Additionally, if the tax is delinquent for at least one municipal fiscal quarter, there is a 15% penalty on the total amount due.*

|   | Extended Stay Calculation                      | Month: | Month: | Month: |   |
|---|--|--------|--------|--------|---|
| G | Total Number of Rental Units in Property       |        |        |        | <b>J. Online Travel Company</b><br>Indicate with a "yes or "no" if any of the above calculations were transactions made with or through an Online Travel Company (OTC). And, if yes, include with this report the Hotel Tax Report Involving OTC. (See Page 2)<br><br><div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> </div> |
| H | Extended Stay Occupied Rooms                   |        |        |        |   |
| I | % of Units Occupied by Extended Stay Residents |        |        |        |   |

I, \_\_\_\_\_ certify by signing below that the above information is true and correct as shown in the records of  
(printed name of person completing this form)

Check #: \_\_\_\_\_ Amount Remitted: \_\_\_\_\_

(Printed name of Hotel Management Company, etc.)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

|   |  |   |
|---|--|---|
| <b>Return this form and payment to:</b><br><b>City of Coppell</b><br><b>Finance/Hotel Occupancy</b><br><b>P.O. Box 9478</b><br><b>Coppell, TX 75019</b> | For questions, please contact:<br>972-304-3692<br>Monday through Friday<br>8:00 am – 5:00 pm | Please be advised that it is an offense if an owner of a hotel: fails to collect the tax imposed; fails to file a report as required; fails to pay the tax when payment is due; or files a false report. These offenses are punishable by a fine not to exceed \$500. |
|---|--|---|

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## Hotel Occupancy Report for Sales Involving Online Travel Companies (OTC)

Hotel Name

Reporting  
Period

Street Address

Reporting Year

For the above described quarterly hotel occupancy tax calculation, please provide specific information for all sales made with or through each Online Travel Company/Online Travel Company website. A separate report should be submitted for each Online Travel Company/Online Travel Company website.

Name of OTC

Address of OTC

Representative  
Name for OTC

OTC Phone Number

|   | <b>OTC Calculation</b>  | Month: | Month: | Month: | Total |
|---|---|--------|--------|--------|-------|
| A | Total gross receipts related to OTC transactions (amount received from OTC that included both City and State taxes) |        |        |        |       |
| B | Exemptions, if any: (Any exempt entities that were not charged tax by OTC)  |        |        |        |       |
| C | Net Taxable Receipts (A-B)  |        |        |        |       |
| D | Total number of room nights Invoiced to OTC   |        |        |        |       |
| E | Total paid by the customer to OTC for invoiced room stay, if known  |        |        |        |       |

I, \_\_\_\_\_ certify by signing below that the above information is true and correct as shown in the records of  
(Printed name of person completing this form)

Check #:

Amount Remitted:

(Printed name of Hotel Management Company, etc.)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

|   |  |   |
|---|--|---|
| <b>Return this form to:</b><br><b>City of Coppell</b><br><b>Finance/Hotel Occupancy</b><br><b>P.O. Box 9478</b><br><b>Coppell, TX 75019</b> | For questions, please contact:<br>972-304-3692<br>Monday through Friday<br>8:00 am – 5:00 pm | Please be advised that it is an offense if an owner of a hotel: fails to collect the tax imposed; fails to file a report as required; fails to pay the tax when payment is due; or files a false report. These offenses are punishable by a fine not to exceed \$500. |
|---|--|---|

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