

**CITY OF CLARENDON, TEXAS
REPORT OF HOTEL OCCUPANCY TAX**

CITY ORDINANCE NO. 529, Revised and Adopted 12/12/2024

This Report is for the Quarter Ending _____

DUE DATE IS 15TH DAY OF FOLLOWING MONTH.

**RETURN TO: City of Clarendon
City Secretary
P.O. Box 1089
Clarendon, Texas 79226**

DATE: _____

HOTEL NAME: _____

HOTEL ADDRESS: _____

TOTAL RECEIPTS TAXABLE: \$ _____

AMOUNT OF TAX @ 7%: \$ _____

LATE FEE 5% AFTER 15th, (per month) \$ _____

AMOUNT DUE: \$ _____

DETACH STUB & RETURN WITH PAYMENT

REPORT OF HOTEL OCCUPANCY TAX

DATE: _____

HOTEL NAME: _____

HOTEL ADDRESS: _____

QUARTER ENDING: _____

*"I DECLARE, UNDER PENALTIES PRESCRIBED,
THAT THE INFORMATION CONTAINED IN
THIS DOCUMENT IS TRUE AND CORRECT TO
THE BEST OF MY KNOWLEDGE."*

TOTAL RECEIPTS TAXABLE: \$ _____

AMOUNT OF TAX @ 7%: \$ _____

LATE FEE 5% AFTER 15th, (per month) \$ _____

AMOUNT DUE: \$ _____

(Signed) _____