City of Smithville, TX c/o Avenu
Attn: TX Hotel Occupancy Tax
PO Box 830725
Birmingham, AL 35283-0725

Hotel Occupancy Tax
City of Smithville, TX

Phone: (866) 240-3665
Email: supportmuni@avenuinsights.com
Website: www.avenuinsights.com

Business Name: _____

Business Address: _____

_____

Total Amount Remitted with This Return:

$_____

MAKE CHECK PAYABLE TO: TAX TRUST ACCOUNT

Do not staple or tape payment to your return. Do not send cash.
Remit to: Hotel Occupancy Tax Dept. PO Box 830725 Birmingham, AL 35283-0725

Account #: _____

Instructions: Select the applicable filing period and complete the information below for your Hotel Occupancy Tax. If payment is mailed, the envelope must be postmarked on or before the due date for the applicable filing period to avoid additional penalties and/or interest. If you are filing for more than one filing period, please complete a separate return for each period.

1st Quarter (Jan 1st thru March 31st) 2nd Quarter (April 1st thru June 30th) 3rd Quarter (July 1st thru Sept 30th) 4th Quarter (Oct 1st thru Dec 31st) YEAR: 20_____

Due Date: Must be postmarked on or before the last day of the month following each quarterly filing period.
Example: December Taxes due on or before January 31st

1. Taxable Room Receipts: $_____ *(8063-30-11)*
2. Total taxable room receipts multiplied by 7% (Line 1 x .07): $_____
3. Minus discount (if applicable)
   A discount of 1% of tax due (Line 2 x .01): $_____
4. Payments previously credited to this period $_____
5. Plus Penalty (if applicable):
   5% of Line 2 if less than 30 days (Line 2 x .05):
   Additional 5% of Line 2 if greater than 30 days past due (Line 2 x .05): $_____
6. Plus Interest (if applicable):
   Interest due if tax not filed and paid within 30 days from the due date. $_____
   Calculate interest at 10% per year (Line 2/12 months = x/30 days = x daily)
7. **Equals Total Net Amount Due:** **$_____**
   (Line 2 minus Line 3 and 4 plus Line 5 and Line 6)
   Make check payable to "Tax Trust Account"

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

_____
Taxpayer's/Paid Preparer's Signature | Date Signed | Telephone | Fax

_____
Printed Name | Email | FEIN

DISCLAIMER: Please note that the administration and rate changes on the Avenu Advisory and Avenu tax forms are updated once the required information has been received, verified and validated in compliance with Avenu policy. Any information received before or after the publication of a Avenu Advisory or tax form will not be guaranteed to appear on said forms until all such requirements have been met. Avenu is not responsible for incorrect information and/or improper use of the information provided. All updates are completed on a timely basis once the requirements have been met. For the most current Avenu administration and/or rate information provided, please visit our website at www.avenuinsights.com. **Returned Check Disclaimer:** Effective July 1, 2010, each returned item received by Avenu due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. Avenu is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at www.avenuinsights.com.

Updated 05/2018