





## **Texas Hotel Occupancy Tax Report**

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you.

Contact us at the address or phone number listed on this report.

| a. T Code   | <b>■</b> 75100   |                                      | Contact us at the add          | iress or priorie r         | iumber listed on tr   | Page 1 of   |
|---|--|--------------------------------------|--------------------------------|----------------------------|---|---|
| c. Taxpayer                                       | number   | d. Filing period                     |                                | e.<br>•                    |   | f. Due date   |
|   | g. Name and mailing address (Make a  | any necessary name cha               | anges below.)                  | h. IMP<br>Blac             | CORTANT  ken this box if any mation has chang de the preprinted i | ed. Show changes 1.   |
|   |  |                                      |                                | long<br>and<br>LOC         | er in business. Wr  | location shown is no ite the location number out of business below.  OOB DATE |
| - A report n                                      | nust be filed even if no tax is due.   | - Do                                 | —<br>o not write in shaded are | i.                         |   | j.<br>■   |
| 1.<br>NUMBER<br>OF ROOMS                          | LOCATION TRA   | 2.<br>ADE NAME AND ADDRE             | ESS                            | ■ 3.<br>LOCATION<br>NUMBER | TOTAL DOLL AMOUNT O RECEIPTS                                      | F RECEIPTS  |
|   |  |                                      |                                |                            |   |   |
|   |  |                                      |                                |                            |   |   |
|   |  |                                      |                                |                            |   |   |
|   |  |                                      |                                |                            |   |   |
|   |  |                                      |                                |                            |   |   |
|   | ■ 75180<br>I room receipts <i>(dollars)</i> for ALL location                     | ns (Item 4 from this a               | nd all supplemental page       | s)                         | 6.  |   |
| 7. Tota   | I taxable receipts (dollars) for ALL locat                                       | ions (Item 5 from this               | and all supplemental pag       | ges)                       | 7.  | _   |
| 8. Total tax due ( % of Item 7)                   |  |                                      |                                |                            | 8. ■  |   |
| 9. Discount (If paid on time, enter 1% of Item 8) |  |                                      |                                |                            | 9.  |   |
| 10. Tax   | due after discount (Item 8 minus Item 8  | 9)                                   |                                |                            | 10.   |   |
| 12-100<br>(Rev.5-16/24)                           |  |                                      |                                |                            |   |   |
| 11. Penalty (See instructions)                    |  |                                      |                                |                            | 11.   |   |
| 12. Interest (See instructions)                   |  |                                      |                                |                            | 12.   |   |
| 13. TOT/  | AL AMOUNT DUE AND PAYABLE (Iter  | m 10 plus Item 11 and                | d Item 12)                     |                            | 13.   |   |
| Taxpayer na                                       | me   |                                      | I.<br>■                        |                            |   | m.  |
| ■ T Cod   | e ■ Taxpayer number ■  | Period                               | I declare that the inf         |                            |   | d any attachments is true   |
| Make th   | ne amount in Item 13 payable to STATE  | sign here                            | sign \ Duly authorized agent   |                            |   |   |
|   | Mail to Comptroller of Public Accour<br>P.O. Box 149356<br>Austin, TX 78714-9356 | Daytime phone (Area code and number) |                                |                            |   |   |

## Instructions for Completing the Texas Hotel Occupancy Tax Report

(TEX. TAX CODE ANN. ch. 156)

## **General Information**

Who Must File:

- You must file this report if you are a sole owner, partnership, corporation or other organization that owns, operates, manages or controls any hotel or motel in Texas.
- Complete and detailed records must be kept of all receipts reported and exemptions or reimbursements claimed so that reports
  can be verified by a state auditor.
- Failure to file this report and pay applicable tax may result in collection action as prescribed by Title 2 of the Tax Code.

When to File:

- Reports must be filed on or before the 20th day of the month following the reporting period.
- Reports must be filed for every period even if you have no amount subject to tax or no tax due.
- If the due date falls on a Saturday, Sunday or legal state holiday, the next business day will be the due date.

For Assistance:

Item 7 -

Call 1-800-252-1385

**General Instructions:** 

- Complete all applicable items that are not preprinted.
- If any preprinted information is not correct, mark it out and write in the correct information.
- If any location shown is no longer in business, blacken the appropriate box in Item h.

## **Specific Instructions**

- Item c Enter your taxpayer number. If there has been a change in ownership, the new owner must apply for a new taxpayer number by completing a Texas Questionnaire for Hotel Occupancy Tax (Form AP-102) for each business location.
- Item d Enter filing period of this report, monthly or quarterly, and the last day of the period.
- Items 1-3 Enter the number of rooms, trade name, location address (including city, state and ZIP code) and location number assigned by the Comptroller for each location reporting. If the number has not been assigned or is not known, leave blank. If information is preprinted, verify information and make any necessary corrections. If you are reporting for a new location, enter the starting date of operation and number of rental rooms for the location.

NOTE: If additional space is needed to list all locations, complete the Texas Hotel Occupancy Tax Report Supplement, Form 12-101. Use as many supplement reports as necessary.

Item 4 - Enter the dollar amount of total room receipts for the location shown. Enter"0" if no receipts were collected.

REMEMBER: Subtract the total amount of exceptions from the TOTAL RECEIPTS (Item 4) and enter the result in TAXABLE RECEIPTS (Item 5). If you have no taxable receipts to report enter "0". DO NOT ENTER EXEMPTIONS/ DEDUCTIONS ON THIS REPORT.

Item 5 - Enter the dollar amount of total TAXABLE receipts for the location shown. Enter "0" if no taxable receipts were collected.

NOTE: The following are exceptions to the tax:

- use or possession of a room for at least 30 consecutive days as a permanent residence with no interruption of payment for the period; or
- use by religious, charitable or educational organizations where no part of the net earnings benefit the organization (see Rule 3.161); or
- use by a State of Texas official presenting a hotel tax exemption card.
   (See Rule 3.161.) NOTE: State government agencies and their employees (except those state employees with hotel tax photo ID cards) may NOT claim an exemption for hotel tax.
- Item 6 Enter the combined total of all total room receipts shown in Item 4 of this report and all room receipts shown in Item 4 of all supplemental reports, Form 12-101, for the reporting period. <a href="Enter">Enter "0"</a> if no receipts were collected for this reporting period.

Enter the combined total of all taxable room receipts shown in Item 5 of this

web file
Online Tax Filing

Electronic reporting and payment options are available 24 hours a day, 7 days a week. Have this form available when you log on.

www.comptroller.texas.gov/webfile

- report and all taxable room receipts shown in Item 5 of all supplemental reports, Form 12-101, for the reporting period. Enter "0" if no receipts were collected for this reporting period.
- Item 9 Discount If the report is filed and the tax paid on or before the due date, enter a discount of one percent (.01) of Item 8.
- Item 11 Penalty If report is filed or tax paid after the due date, enter penalty. If 1-30 days late, enter 5% of Item 10. If more that 30 days late, enter 10% of Item 10 (Minimum penalty \$1). NOTE: An additional \$50 late filing penalty will be assessed each time a report is filed after the due date.
- Item 12 Interest If any tax is unpaid 61 days after the due date, enter interest on the amount in Item 10. Calculate interest at the rate published online at www.comptroller.texas.gov or call 1-877-447-2834 for the applicable interest rate.