

# OFFICE OF THE COUNTY TAX ASSESSOR COLLECTOR

**VICTOR A. FLORES, R.T.C.**  
Tax Assessor-Collector



**SIRIA ROCHA**  
Chief Deputy TAC

500 E. Overland Ave., Suite 101, El Paso, Texas 79901-2414  
(915) 546-2017 FAX (915) 543-3838

## Statement

**HOTEL/MOTEL:**

**BILL TO:**

COMPLETE THE INFORMATION BELOW ON YOUR HOTEL/MOTEL OCCUPANCY TAX FOR QUARTER ENDING \_\_\_\_\_ AND RETURN THIS FORM WITH YOUR PAYMENT TO THE ADDRESS BELOW.

	Taxable by the County	Reported to the State
TOTAL GROSS	\$	\$
EXEMPTIONS: Federal	\$	\$
Other	\$	\$
<b>TOTAL RECEIPTS TAXABLES</b>	\$	\$
<b>Amount of Tax (Receipts X 2.5%)</b>	\$	\$
PENALTY FOR FAILURE TO REPORT:		
Tax (0.05) After 30 Days	\$	\$
Tax (0.10) After 60 Days	\$	\$
INTEREST: Tax (0.833) X # of Months	\$	\$
<b>NET AMOUNT DUE TO COUNTY:</b>		
<b>TAX (Amt of Penalty + Interest)</b>	\$	\$

"I certify, under penalties prescribed in accordance with Texas Tax Code Section 352.002, that the information contained in this document is true and correct, to the best of my knowledge."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

<b>REMITTANCE</b>
<b>Customer Name:</b>
<b>DUE DATE:</b>
<b>Amount Due:</b>
<b>Amount Enclosed:</b>

**Mail Remittance to:**

Victor A. Flores, R.T.C.  
County Tax Assessor Collector  
500 E. Overland Ave., Ste. 101  
El Paso, Texas 79901-2414

This space is for changes which have occurred since the last submitted report. If the business has been sold, indicate the **new owner's name, mailing address and date of sale.**

**Business**

**Mailing Address**

**City, State & Zip Code**

**New Owner's Name**

**Business Location (Address)**

**City, State & Zip Code**

**Date of Sale**

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