Hotel & Motel Occupancy Tax Report
City of Arlington, Texas

Print Form

Reset Form

Name of Hotel / Motel _____ Account Number _____

Hotel / Motel Address _____ Reporting Year _____

Reporting Period:
QTR 1 (JAN FEB MAR) Due Apr 30
QTR 2 (APR MAY JUN) Due Jul 31
QTR 3 (JUL AUG SEP) Due Oct 31
QTR 4 (OCT NOV DEC) Due Jan 31

	Hotel Occupancy Calculation	Month:	Month:	Month:	Total
A	Total Gross Receipts				
B.1	Federal Employee Exemptions				
B.2	State Official and Other Exemptions				
B.3	Permanent Resident Exemptions				
B	Total Allowable Exemptions *(B.1+B.2+B.3)*				
C	Net Taxable Receipts *(A-B)*				
D	**Total Tax Due 9% *(C*.09)***	**0**	**0**	**0**	**0**
E	Portion of Tax at 7% *(C*.07)*	**0**	**0**	**0**	**0**
F	Portion of Tax at 2% *(C*.02)*	**0**	**0**	**0**	**0**

Failure to pay by the due date will result in a 5% penalty. An additional penalty of 5% of the tax due shall be paid if the tax is not paid within 30 days from the date the tax was due. Another penalty of 5% of the tax due shall be paid if the tax was not paid within 60 days from the date the tax was due. Delinquent taxes shall draw interest at 10% per annum beginning 60 days from the date the tax was due.

	Extended Stay Calculation	Month:	Month:	Month:
G	Total Number of Rental Units in Property			
H	Extended Stay Occupied Rooms			
I	% of Units Occupied by Extended Stay Residents	0	0	0
J	**Entertainment District Hotels Room Night Calculation** Room Nights Rented Excluding Exemptions in B			

Online Travel Company

Indicate with "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/Motel Tax Report Regarding Sales Involving OTC. (See Page 2)

☐ Yes

☐ No

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: _____.

Return this form and payment to:
City of Arlington - Treasury Division
P.O. Box 90231 - MS 63.0820
Arlington TX 76004.3231

For questions please contact:
817-459-6268
Monday to Friday
8:00AM - 5PM

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.

For additional copies of this form and additional information, please visit our website: http://www.arlingtontx.gov/HOT
Form Revised September 2012

Hotel and Motel Occupancy Tax Report
Regarding Sales Involving Online Travel Companies (OTC)

Name of Hotel / Motel		Account Number		Reporting Period: QTR 1 (JAN FEB MAR) Due Apr 30 QTR 2 (APR MAY JUN) Due Jul 31 QTR 3 (JUL AUG SEP) Due Oct 31 QTR 4 (OCT NOV DEC) Due Jan 31
Hotel / Motel 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		Phone number for OTC	

		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: _____.

City Use Only						
A	Net Taxable Receipts					
B	Portion for Cost of Room Stays	0	0	0	0	A / 1.15
C	Portion for City Tax (7%)	0	0	0	0	B*.07
D	Portion for City Tax (2%)	0	0	0	0	B*.02
E	Portion for State Tax (6%)	0	0	0	0	B*.06

Return this form and payment to:
City of Arlington - Treasury Division
P.O. Box 90231 - MS 63.0820
Arlington TX 76004.3231

For questions please contact:
817-459-6268
Monday to Friday
8:00AM - 5PM

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.