



REPORT OF HOTEL OCCUPANCY TAX

CITY OF SEABROOK
FINANCE DEPARTMENT
1700 FIRST STREET
SEABROOK, TX 77586

This report is for the quarter ending _____
The postmark due date is the last day of the following month.

BUSINESS NAME AND ADDRESS

TOTAL RECEIPTS TAXABLE	\$ _____
AMOUNT (7.0%) TAX TO CITY	_____
PENALTY (15% of tax due)	_____
LESS CREDITS	_____
AMOUNT DUE	\$ _____

SIGNED _____

Please complete the following and attach a copy of the quarterly state sales tax report.

Name of Owner _____
Name of Manager _____
Mailing Address _____

Phone Number _____
Email Address _____