

GROSS RECEIPTS: ROOM OCCUPANCY \$ _____
LESS DEDUCTIONS (SEE NOTE) \$ _____
NET TAXABLE RECEIPTS \$ _____
GROSS TAX COLLECTED (7% OF NET TAXABLE RECEIPTS) \$ _____
LESS 1% OF GROSS TAX COLLECTED \$ _____
AMOUNT DUE \$ _____

*RETAINED BY OWNER (SEE ORDINANCE #967 SECTION)

NOTE: PLEASE LIST IN DETAIL YOUR DEDUCTIONS AS SHOWN ABOVE AND THE REASON FOR EACH. (ATTACH ADDITIONAL SHEET IF NECESSARY).

I, the undersigned, do solemnly swear under the penalties described in the Hotel and Motel Room Occupancy Tax Ordinance of the City of Pampa, Texas that this information in this document is true and correct, as attested by my signature below.

TAX PAYER OR DULY AUTHORIZED AGENT _____ TITLE _____ DATE _____

**HOTEL AND MOTEL ROOM OCCUPANCY TAX
CITY OF PAMPA**

P. O. BOX 2499 PAMPA, TEXAS 79066 PHONE 806/669-5730

FOR QUARTER ENDING _____
DATE OF FILING _____
NOTE: MUST BE FILED ON OR BEFORE THE 15TH DAY OF THE MONTH FOLLOWING EACH QUARTERLY PERIOD
LOCATION OF BUSINESS _____
LOCATION OF BOOKS AND RECORDS: _____
NAME OF BUSINESS AND MAILING ADDRESS: _____

APPROVED BY _____

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PLEASE DO NOT DETACH THIS STUB

Furnish Entire Statement with Payment. Your Receipt will be validated and returned to you.

INFORMATION: 669-5730
MAIL: BOX 2499

**PLEASE DO NOT DETACH THIS STUB
CITY OF PAMPA
HOTEL AND MOTEL ROOM OCCUPANCY TAX**

AMOUNT PAID	FOR QUARTER ENDING	AMOUNT PAID
\$ _____	_____	\$ _____
<p>PLEASE DO NOT DETACH THIS STUB Furnish Entire Statement with Payment. Your Receipt will be validated and returned to you. INFORMATION: 669-5730 MAIL: BOX 2499 PAY TO: CITY OF PAMPA FINANCE DEPARTMENT NAME OF BUSINESS: _____</p>		