

**CITY OF ALPINE, TEXAS  
HOTEL OCCUPANCY REPORT**



**Taxpayer Number**

**Filing Period**

**Due Date**

**Name:**  
**Address:**

Location Capacity	Outlet Trade Name & Location Address	Outlet Number	Total Room Receipts

Total Room Receipts For All Locations	_____
<b>Exemptions:</b>	
Employees of Federal Government on official Government business	_____
Persons staying for more than 29 days	_____
State employees (other than higher education employees) with an exempt certificate and identification	_____
Total Exemptions	_____
Total Room Receipts less Exemptions	_____
Total Tax Due <b>(7% of Total Room Receipts less exemptions)</b>	_____
<b>TOTAL AMOUNT DUE AND PAYABLE</b>	_____

**Remit To:**  
**City of Alpine**  
**100 North 13th Street**  
**Alpine, TX 79830**  
**(432) 837-3301**

I declare that the information in this document and any attachments is true and correct the best of my knowledge

\_\_\_\_\_ Duly Authorized Agent

**SIGN HERE**

Daytime Phone \_\_\_\_\_ Date \_\_\_\_\_