



CITY OF KILLEEN HOTEL OCCUPANCY TAX REPORT

Payable to: City of Killeen
Deliver to: 802 N. 2nd St, Suite B
Mail to: Accounts Receivable
City of Killeen
P O Box 1329
Killeen, TX 76540

REPORT MONTH: _____

Payment is due no later than the last day of the month following the report month.

Total Receipts	_____	Attach Proof of Receipts - Required
Less: Exemptions	_____	Attach Exemption Forms & Proof of Amount Claimed - Required
Less: Conference Rooms	_____	Attach Proof of Amount Claimed - Required
Taxable Receipts	_____	
7% Tax Due	_____	
5% Late Filing Penalty	_____	5% penalty on tax due on 1 st day of delinquency
5% Additional Late Filing Penalty	_____	5% additional penalty on tax due on 31 st day of delinquency
12% Interest	_____	12% Interest per annum on tax due on 61 st day of delinquency
Total Amount Due	_____	

I declare the information contained herein, including any exhibits attached hereto, is true and correct to the best of my knowledge.

City of Killeen Use Only	
Date Paid:	_____
Received By:	_____
Penalty Owed:	_____
Interest Owed:	_____

Signature: _____
 Printed Name: _____
 Title: _____
 Date: _____
 Email: _____
 Phone: _____