

# Monthly Room Tax Report



### Taxpayer Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hotel/Motel Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Monthly Report Period: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**COMPUTATION OF TAX; THE RETURN SHALL BE FILED NO LATER THAN THE TENTH (10TH) CALENDAR DAY OF THE FOLLOWING MONTH FOR THE OCCUPANCY, RENTS, AND TAXES PAYABLE FOR THE PRECEDING MONTH.**

- 1. Gross Receipts – All Lodging Furnished To Guest.....\$ \_\_\_\_\_
- 2. Exempt Receipts (Permanent Guests).....\$ \_\_\_\_\_
- 3. Other Exemptions (Attach Exemption Forms).....\$ \_\_\_\_\_
- 4. Total Exempt Receipts (Add Lines 2 and 3).....\$ \_\_\_\_\_
- 5. Net Taxable Receipts (Lines 1 less Line 4).....\$ \_\_\_\_\_
- 6. Gross Tax Due (5% OF Line 5).....\$ \_\_\_\_\_
- 7. 1½% Per Month From Delinquency Date to Date of Payment.....\$ \_\_\_\_\_
- 8. Total Tax Due to City of Moore.....\$ \_\_\_\_\_

I Hereby Certify that the information and statements contained herein and in any Schedules or Exhibits are true and correct.

SEND REMITTANCE TO:

**CITY OF MOORE  
CITY CLERK'S OFFICE  
301 NORTH BROADWAY AVE.  
MOORE, OK 73160**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_