

# OFFICE OF THE COUNTY TAX ASSESSOR COLLECTOR



**RUBEN P. GONZALEZ**  
 Tax Assessor-Collector  
 301 Manny Martinez, El Paso, Texas 79905  
 (915) 771-2325 FAX (915) 771-2363

## Statement

HOTEL/MOTEL:

BILL TO:

COMPLETE THE INFORMATION BELOW ON YOUR HOTEL/MOTEL OCCUPANCY TAX FOR QUARTER ENDING \_\_\_\_\_  
 AND RETURN THIS FORM WITH YOUR PAYMENT TO THE ADDRESS BELOW.

	Taxable by the County	Reported to the State
TOTAL GROSS	\$	\$
EXEMPTIONS: Federal	\$	\$
Other	\$	\$
<b>TOTAL RECEIPTS TAXABLES</b>	<b>\$</b>	<b>\$</b>
<b>Amount of Tax (Receipts X 2.5%)</b>	<b>\$</b>	<b>\$</b>
PENALTY FOR FAILURE TO REPORT:		
Tax (0.05) After Due Date	\$	\$
Tax (0.05) After 31 Days	\$	\$
INTEREST: Tax (0.0833) X # of Months After 60 Days	\$	\$
<b>NET AMOUNT DUE TO COUNTY:</b>		
<b>TAX (Amt of Penalty + Interest)</b>	<b>\$</b>	<b>\$</b>

"I certify, under penalties prescribed in accordance with Texas Tax Code Section 352.002, that the information contained in this document is true and correct, to the best of my knowledge."

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

REMITTANCE
Customer Name:
DUE DATE:
Amount Due:
Amount Enclosed:

**Mail Remittance to:**  
 Ruben P. Gonzalez  
 County Tax Assessor Collector  
 301 Manny Martinez  
 El Paso, Texas 79905

This space is for changes which have occurred since the last submitted report. If the business has been sold, indicate the **new owner's name, mailing address and date of sale.**

Business \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State & Zip Code \_\_\_\_\_  
 New Owner's Name \_\_\_\_\_  
 Business Location (Address) \_\_\_\_\_  
 City, State & Zip Code \_\_\_\_\_  
 Date of Sale \_\_\_\_\_