



## City of Anna

### Hotel Operators Occupancy Tax – Monthly Return

Please complete the form below. Returns and payments are due on or before the last day of the month for the preceding calendar month.

Name of Business: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Filing Period – Month: \_\_\_\_\_ Year: \_\_\_\_\_

#### FIGURE YOUR TAXABLE BASE:

1. Gross receipts from rental of rooms (excluding taxes): \$ \_\_\_\_\_

2. Receipts from rooms rented to persons owning or operating the business:  
\$ \_\_\_\_\_

3. Receipts from rooms rented to persons exceeding thirty (30) consecutive days:  
\$ \_\_\_\_\_

4. Total Exemptions (Line 2 + Line 3): \$ \_\_\_\_\_

5. Taxable Base (Line 1 – Line 4): \$ \_\_\_\_\_

6. Tax Due (Line 5 × 5%): \$ \_\_\_\_\_

7. Deduct taxes generated and remitted through [www.Airbnb.com](http://www.Airbnb.com): \$ \_\_\_\_\_

(Attach documentation from Airbnb showing taxes collected and remitted.)

8. Adjusted Tax Due (Line 6 – Line 7): \$ \_\_\_\_\_

#### PENALTY:

9. Penalty – 1% of tax due for each month or portion thereof payment is late:  
\$ \_\_\_\_\_

10. Total Payment Due (Line 8 + Line 9): \$ \_\_\_\_\_

**NOTE: Items 2, 3 & 7 should be entered as a NEGATIVE to calculate properly.**

SIGNATURE:

I declare under penalty of perjury that the information provided above is true, correct, and complete to the best of my knowledge.

Taxpayer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Preparer's Signature (if different): \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_