

## Monthly Hotel Room Tax Report

Remittance Address:	City of Oklahoma City		Certificate #	
	City Treasurer's Office		Sales Tax Permit #	
	420 West Main, Suite 130 Oklahoma City, OK 73102		Federal ID #	
	•			
Name of Tax Payer		Name of Hotel	<del></del>	
Street Address, Rural Route or P.O. Box Number		Physical Address		
City, State, Zip		City, State, Zip		
CALENDAR MONTH,	YEAR COVERED BY THIS REPORT_	,		
Number of Rooms Avails	able	Number of Rooms Sold		
THIS IS THE NUMBER	OF ROOM AVAILABLE MULTIPLIED NIGHTS IN THE MONTH.		MS RENTED FOR THE N	MONTH.
	MONTI	HLY COMPUTATION OF HOTEL TAX		
			1	
	- All lodging furnished to guests		\$	
	VENUE GENERATED BY RENTING S  defined in the Oklahoma City Municipal			
2. EXEMPTIONS - As defined in the Oklahoma City Municipal Code, § 52-64.1.  THIS IS WHERE YOU PUT THE TOTAL AMOUNT THAT YOU EXEMPTED FROM HOTEL			\$	
TAX. YOU MUST ATTACH THE EXEMPTION FORMS.				
3. NET TAXABLE RECEIPTS - Line 1 less Line 2			\$	
THIS IS THE RESULT OF SUBTRACTING THE EXEMPTIONS FROM THE REVENUE.  4. GROSS TAX DUE - Enter 5.5% of Line 3				
		\$		
TAKE AMOUNT FROM LINE 3 AND MULTIPLY IT BY 5.5%. THE RESULT IS THE TAX DUE.  5. DISCOUNT - If paid by 15th after month close - enter 3% of Line 4			\$ (	)
IF THE REPORT IS RECEIVED IN OFFICE BY 15 <sup>TH</sup> , YOU MAY MULTIPLY THE			<u> </u>	)
	BY 3%. THIS AMOUNT IS SUBTRAC			
		DU HAVE TILL THE NEXT BUSINESS DAY.		
6. INTEREST - 2% per month from date of delinquency (Delinquent if not paid				
	wing month close)		\$	
	NOT RECEIVED BY ON THE DUE D			
GROSS TAX DUE BY THE NUMBER OF DAYS LATE DIVIDED BY THE NUMBER OF DAYS IN THE				
	ES BY 2% AND ADD THE AMOUNT.			
	er month to a maixium of 50% as defined		\$	
		OF THE NEXT MONTH, THEN MULTIPLY IONTH AND ADD TO THE AMOUNT DUE.		
	Plus or Minus Lines 5, 6, and/or 7		\$	
	TAX DUE, SUBTRACT THE DISCOU			
	EREPORT IS LATE.			
	DRRECTION - INVOICE OR CREDIT I		\$	
IF YOU ARE PAYING A CORRECTION INVOICE OR USING A CREDIT MEMO, LIST THE				
AMOUNT ON THIS LINE AND ENCLOSE A COPY OF THE DOCUMENTATION.			Φ.	
10 TOTAL HOTEL TA		T CHOLUD MATCH THE AMOUNT	\$ <u></u>	
	TAL AMOUNT YOU ARE PAYING, I OR CREDIT CARD AUTHORIZATION			
ON THE CHECK C	OR CREDIT CARD AUTHORIZATION	THAT TOU ARE ISSUING.		
I hereby certify that ALWAYS	the information and statements contained SIGN AND DATE YOUR REPORT	herein and in any schedules or exhibits are true and correct	ct.	
Name (Please print)		Title	<del></del>	
Signature		Date		
Digitatare		Duic		

Please retain a copy for your records.

For assistance, please contact us at (405) 297-2229.