

City of Dallas Report of TPID Assessment and Hotel Occupancy Tax



REPORT MUST BE FILED EVEN IF NO TAX IS DUE

If you need to indicate a Change of Ownership, a Change of Name, Address or Phone Number --
Include a completed new Registration Form

Make payment to: City of Dallas

To pay in person at Dallas City Hall:

Special Collections Department
 1500 Marilla Street, Room 2DS
 Dallas, TX 75201-6318

Or mail payment to:

Hotel Occupancy Tax
 P. O. Box 139076
 Dallas, TX 75313-9076

City Controller's Office Contact Information:

214/670-4855 or 214/670-4540 or 214/671-8508

Hotel name: _____

Ownership name: _____

Hotel physical address: _____

Hotel Phone No: _____

Account No: _____

Filing period: _____

Due date: _____

TPID only due if Hotel is on the Assessment Roll

TPID

Yes

Received Date: _____ Expected Post Mark date _____

1 - Room receipts: _____

2 - Exemptions - Permanent Guests: City Code 44-35.1(a) _____

3 - Exemptions - All Others: City Code Sec. 44-35.1(a) _____

4 - Total Exemptions: 2 + 3 _____

5 - Net Hotel Receipts: 1 - 4 _____

A Total Number of Rooms _____

B Number of Rooms Available _____

C Number of Days in Month _____

D Number of Rooms Rented _____

Occupancy of at least 30 days (Sec. 156.101)

Requires Qualified Certifications

6 - TPID Assessment: 2% X #5 _____

7 - TPID Discount: 1% X #6 _____

8 - TPID Late Payment Penalty (Base): 15% X #6 _____

9 - Reserved for future use. _____

10 - TPID Late Payment Interest (Base): 1% X #6 _____

11 - TPID Additional Monthly Interest: #### X #6 _____

12 - Total TPID Assessment Fee: #6 - #7 + #8 + #9 + #10 + #11 _____

TPID only due if Hotel is on the Assessment Roll

If postmarked by the 15th

If postmarked after the 25th

If postmarked 30 days after the 15th

If postmarked 60 or more days after the 15th

Add another 1% for each additional 30 days

13 - Total Taxable Receipts: **5 + 6** _____

14 - Hotel Occupancy Tax: 7% X #13 _____

15 - Tax Discount: 1% X #14 _____

16 - Tax Late Payment Penalty: 15% X #14 _____

17 - Tax Late Payment Interest: 10% X #14 _____

18 - Total Taxes: #14 - #15 + #16 + #17 _____

19 - (Over)/Underpayments: _____

Dallas City Code - Sec. 44-35-b

If postmarked by the 15th - Code 44-37(c)

If postmarked after the 25th - Code 44-39(c)

If postmarked 30 days after the 15th

Only enter when authorized by City

20 - Grand Total: #12 + #18 - #19 _____

**Make payment payable to:
 City of Dallas**

"The tax remitted and paid to the City of Dallas with this report was collected pursuant to the requirements of Chapter 44, Article V in the Dallas City Code "as amended."

I declare under penalties prescribed in Dallas City Code, Sec. 44-39, that the information contained in this document is true and correct to the best of my knowledge. I understand that all information is subject to audit by the City of Dallas. All documentation supporting the revenues reported and exemptions claimed shall be retained until audited by the City of Dallas or the City of Dallas agrees in writing that such documentation is no longer required.

Duly authorized Agent:

Print name of authorized agent: _____ Phone #: _____

Sign here: _____ Date: _____ E-mail: _____

Note: Unsigned reports will be considered incomplete and will be returned to the reporting hotel or parties. Penalty assessments will be levied if not received by the 25th day of the month following when the tax is collected.

Postmarked by the due date (15th):	discount 1% from taxes due
1 to 10 days late (16th - 25th):	all taxes due (no discount)
11 to 30 days late:	all taxes due + 15% penalty
More than 30 days late:	all taxes due + 15% penalty + 10% interest compounded annually beginning the day after the due date