



# Hotel & Motel Occupancy Tax Quarterly Remittance Report

City of Pearland  
3519 Liberty Drive  
Pearland, Texas 77581  
Phone 281.652.1786  
**pearlandtx.gov**

Report for the Quarter Ending: [Click here to enter a date.](#)

Taxpayer ID #: [Click here to enter text.](#) Taxpayer Name: [Click here to enter text.](#)

Business/Trade Name: [Click here to enter text.](#) Phone #: [Click here to enter text.](#)

Mailing Address: [Click here to enter text.](#)

Physical Address: [Click here to enter text.](#)

### Report and remittance are due on or before the last day of the month following the Quarterly period (January 31<sup>st</sup>, April 30<sup>th</sup>, July 31<sup>st</sup> and October 31<sup>st</sup>)

- 1. Total Taxable Receipts for the Quarter [Click here to enter text.](#)
- 2. Total Tax Due (7% of Line 1) [Click here to enter text.](#)
- 3. Reimbursement: If paid on or before due date and Hotel does not receive a tax rebate
  - Reimbursement calculation (1% of Line 2) [Click here to enter text.](#)
- 4. Late charge if filed or paid after the due date [Click here to enter text.](#)
  - Late charge calculation (15% of line 2)
- 5. Interest if not paid within 15 days of due date [Click here to enter text.](#)
  - Interest calculation (1% per month of Lines 2 & 4)
- 6. Total tax due and payable [Click here to enter text.](#)

I, [Click here to enter text.](#), certify that the above information is true and correct, to the best of my knowledge and belief, as shown in the records of [Click here to enter text.](#) (Name of Business)

**Please Make Check Payable To:**  
City of Pearland  
Finance Department - HOT Tax  
P.O. Box 2719  
Pearland, Texas 77588-2719

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date