



City of Cedar Hill, TX (8043) Hotel Occupancy Tax

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Toll Free Phone: (866) 240-3665 ● Toll Free Fax: (855) 219-4338 ● Email: support@muniservices.com ● Online Filing: www.salestaxonline.com City of Cedar Hill • c/o MuniServices, LLC • PO Box 830725 • Birmingham, AL 35283-0725 MuniServices Account Number:_____ 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, Business Name:_ mailing address and date of sale. Address: Instructions: Select the applicable filing period and complete the information below for your Hotel Occupancy Tax. If payment is mailed, the envelope must be postmarked on or before the due date for the applicable filing period to avoid additional penalties and/or interest. If you are filing for more than one filing period, please complete a separate return for each period. □ January □ February □ March □ April □ May □ June □ July □ August □ September □ October □ November □ December YEAR: 20___ Due Date: Must be postmarked on or before the 20th day of the month for the preceding month's taxes to be considered timely filed. (Example: October's taxes are due on or before November 20th) Total room nights available: (8043-31-80) Actual nights rented: (8043-31-81) 1. Gross room receipts before exemptions: 2. Minus legal exemptions: (a) Permanent residents: (b) Diplomatic Personnel with Tax Exemption Card: (c) Federal or State Employees traveling on official business: (d) Federal or State Military personnel traveling on official business: (e) Religious, Charitable or Educational Corporation or association: (f) Total exemptions: 3. Total taxable room receipts (line 1 minus line 2(f): 4. Total taxable room receipts multiplied by 7% (line 3 x .07): 5. Penalty (if applicable): 10% applies if not filed by due date. Additional 10% if filed on the 30th day after due date. Minimum penalty \$5.00. Maximum penalty 20%. 6. Interest (if applicable): Interest due if tax not filed and paid 60 days from due date. Calculate interest at 10% per annum. 7. Total Amount Due (sum lines 4, 5 and 6):

Taxpayer's/Paid Preparer's Signature Date Signed Telephone Fax

Printed Name Email FEIN

I declare the information contained herein, including any exhibits attached hereto, is true and correct to the best of my knowledge.