

KLEBERG COUNTY OCCUPANCY RETURN

Hotel / Motel Name: _____

Physical Address: _____

City / State / Zip _____

Tax Identification No. Period ending Date Due: (20th of month following end of quarter)

Totals Rooms Available for Rent: _____
 Total Rooms Occupied: _____
 Percentage of Rooms _____ %

- | | | | |
|----|---|----|--|
| 1) | Gross receipts for Occupancy Rooms | \$ | |
| 2) | Allowable Deductions: | | |
| | Permanent Exempt | | |
| | Other Exempt | | |
| 3) | Total Deductions | | |
| 4) | Taxable Rents | | |
| 5) | Total Tax Due | | |
| | 7% of Line 4 | | |
| 6) | Vendor's Compensation 0.0% of Line 5 | | |
| 7) | Add: Penalty Interest (5% if any due) | | |
| | Less: 1.0% of Tax due – Timely Filing Discount | - | |
| 8) | Total Amount Due and Payable | \$ | |

I hereby certify that the statements made herein are to the best of my knowledge, true and correct and that applicable information has been provided.

Signature	Title	Date
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Make amount in Item 8 payable to: **Kleberg County**
 Mail to: Kleberg County Treasurer
 P. O. Drawer C
 Kingsville, Texas 78364