



**City of Clear Lake Shores**  
**Hotel Occupancy Tax Quarterly Remittance Form**

Report for quarter Ending: \_\_\_\_\_

Taxpayer ID #: \_\_\_\_\_ Taxpayer Name: \_\_\_\_\_

Business/Trade Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

STR Physical Address: \_\_\_\_\_

*Pursuant to Chapter 74- Taxation, Article VI – Hotel Occupancy Tax of the Clear Lake Shores Municipal Code.*

Report along with remittance are due on or before the last day of the month following the Quarterly period:

**1st Qtr:** Jan, Feb, Mar - due April 30th

**2nd Qtr:** Apr, May, June - due July 31st

**3rd Qtr:** July, Aug, Sep - due October 31st

**4th Qtr:** Oct, Nov Dec - due January 31st

Total Taxable Receipts for the Quarter: \_\_\_\_\_

TOTAL TAX DUE (7% of Total Taxable Receipts) \_\_\_\_\_

REIMBURSEMENT (1% of Total Tax Due) \_\_\_\_\_

*(If paid on or before due date and Hotel does not receive a tax rebate)*

SUBTOTAL (subtract reimbursement from Total Tax Due) \_\_\_\_\_

1. Penalty Fee if filed or paid after due date \_\_\_\_\_  
Penalty Fee calculation (15% Subtotal)
2. Interest if not paid within 15 days of due date \_\_\_\_\_  
Interest calculation (1% of Subtotal per month past due)
3. Total tax due and payable \_\_\_\_\_

I, \_\_\_\_\_, certify that the above information is true and correct, to the best of my knowledge and belief, as shown in the records of \_\_\_\_\_ (name of business)

**Please Make Check Payable To:**

City of Clear Lake Shores  
City Secretary – HOT Tax  
1006 South Shore Dr.  
Clear Lake Shores, TX 77565

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Date