CITY OF MOORE

Monthly Room Tax Report

Taxpayer Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Hotel/Motel Phone: (_____) _____ Email Address: _____

Monthly Report Period: _____ / _____ / _____ to _____ / _____ / _____

COMPUTATION OF TAX; THE RETURN SHALL BE FILED NO LATER THAN THE TENTH (10TH) CALENDAR DAY OF THE FOLLOWING MONTH FOR THE OCCUPANCY, RENTS, AND TAXES PAYABLE FOR THE PRECEDING MONTH.

1. Gross Receipts – All Lodging Furnished To Guest ..... $_____
2. Exempt Receipts (Permanent Guests) ..... $_____
3. Other Exemptions (Attach Exemption Forms) ..... $_____
4. Total Exempt Receipts (Add Lines 2 and 3) ..... $_____
5. Net Taxable Receipts (Lines 1 less Line 4) ..... $_____
6. Gross Tax Due (5% OF Line 5) ..... $_____
7. 1½% Per Month From Delinquency Date to Date of Payment ..... $_____
8. Total Tax Due to City of Moore ..... $_____

I Hereby Certify that the information and statements contained herein and in any Schedules or Exhibits are true and correct.

SEND REMITTANCE TO:

CITY OF MOORE
CITY CLERK'S OFFICE
301 NORTH BROADWAY AVE.
MOORE, OK 73160

Signature: _____

Title: _____

Date: _____ / _____ / _____