

**Young County, Texas**  
**Report of Hotel Occupancy Tax**

Remitter Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To avoid any penalty, your tax payment and this report must be submitted by the 20<sup>th</sup> day of the next month following the reporting period to the: **Young County Treasurer**

**516 4<sup>th</sup> St, Rm 105**  
**Graham, TX 76450**

This Report is for the Month Ending on: \_\_\_\_\_

- |   |       |
|---|-------|
| 1. Gross Room Rental Receipts:              | _____ |
| 2. Gross Room Rentals Exempt from Taxation: | _____ |
| 3. Taxable Gross Room Rentals:              | _____ |
| 4. Tax Due (Line #3 times .05):             | _____ |

Number of Rooms Available: \_\_\_\_\_

Number of Rooms Rented: \_\_\_\_\_

I, as an authorized agent of \_\_\_\_\_, under the penalty of perjury do state  
(Name of Hotel or Motel)  
upon oath and do hereby acknowledge that the foregoing statement of room rentals is true and correct.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Authorized Agent  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone# \_\_\_\_\_

\*\*\*\*\*Failure to pay the tax by the due date will result in a penalty of five percent (5%) of the amount of total tax due\*\*\*\*\*