



Hotel Occupancy Tax Registration for Online Payments and Filings

HOTEL/RESIDENTIAL PROPERTY INFORMATION	
	Enter Hotel Information in Spaces Below
TP#:	
Start of Business (Date):	
Real Property Tax Account:	
Hotel/Operating Name:	
Address:	
City, State Zip:	
Phone:	
Fax:	
Email:	
Hotel/Residential Property Capacity:	
OWNER/MANAGEMENT INFORMATION	
	Enter Owner/Management Information in Spaces Below
Owner Name:	
Address:	
City, State Zip:	
Phone:	
Fax:	
Email:	
CONTACT PERSON INFORMATION	
	Enter Contact Person Information in Spaces Below
Contact Person Name	
Address	
City, State Zip	
Phone	
Fax	
Email	

 Contact Person Name

 Contact Person Signature

 Date

If you make a false statement on this form, you could be found guilty of a Class A misdemeanor or a state jail felony under section 37.10, Penal Code.