Comptroller of Public Accounts FORM

12-101
(Rev.12-20/13)

b.

RESET FORM | PRINT FORM

* 1 2 1 0 1 0 0 W 1 2 2 0 1 3 *

Texas Hotel Occupancy Tax Report

- Location Supplement -

a. T Code **75100**

c. Taxpayer number	d. Filing period	e.	f. Due date

If any location has changed trade name, address or number of rooms, give the correct information for that location.

g. Taxpayer name

1. NUMBER OF ROOMS	2. LOCATION TRADE NAME AND ADDRESS	3. LOCATION NUMBER	4. TOTAL ROOM RECEIPTS	5. TOTAL TAXABLE RECEIPTS
		PAGE TOTALS		

You have certain rights *under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone number listed on your report.*