

b. •



Texas Claim for Refund of State Hotel Occupancy Tax

for federal government entities and state agencies that do not use USAS to reimburse employee travel expenses

- Please type or print.

- Do not write in shaded areas.

- See back of form for instructions.

Maintain complete records in your files to support claims filed.
 If documentation is needed, you will be notified.

c. Claimant I.D. number
 •

a. T Code • **54100**

d. Agency name •		For Comptroller's use only INV SD 2 <input type="checkbox"/> 3 <input type="checkbox"/> • •	
e. Street address •			
f. City •	g. State • <input type="text"/>	h. ZIP code • <input type="text"/>	

A separate claim form must be filed for each fiscal year.

i. Fiscal year • <input type="text"/>	Fiscal quarter		Fiscal quarter		Fiscal quarter		Fiscal quarter		TOTAL (Dollars & cents)
	j. 1 ST quarter SEPT-NOV	1 <input type="checkbox"/>	k. 2 ND quarter DEC-FEB	2 <input type="checkbox"/>	l. 3 RD quarter MAR-MAY	3 <input type="checkbox"/>	m. 4 TH quarter JUN-AUG	4 <input type="checkbox"/>	
Cost of hotel rooms within the city limits of Galveston, in the indicated fiscal quarter(s): <i>(Exclude taxes, meals and other services.)</i>	1. \$ _____	2. \$ _____	3. \$ _____	4. \$ _____	5. \$ _____				
Cost of hotel rooms within the city limits of South Padre Island, in the indicated fiscal quarter(s): <i>(Exclude taxes, meals and other services.)</i>	6. \$ _____	7. \$ _____	8. \$ _____	9. \$ _____	10. \$ _____				
Cost of hotel rooms within the city limits of Port Aransas, in the indicated fiscal quarter(s): <i>(Exclude taxes, meals and other services.)</i>	11. \$ _____	12. \$ _____	13. \$ _____	14. \$ _____	15. \$ _____				
Cost of hotel rooms within the city limits of Corpus Christi, in the indicated fiscal quarter(s): <i>(Exclude taxes, meals and other services.)</i>	16. \$ _____	17. \$ _____	18. \$ _____	19. \$ _____	20. \$ _____				
Cost of hotel rooms within the city limits of Surfside Beach, in the indicated fiscal quarter(s): <i>(Exclude taxes, meals and other services.)</i>	21. \$ _____	22. \$ _____	23. \$ _____	24. \$ _____	25. \$ _____				
Cost of hotel rooms within the city limits of Quintana, in the indicated fiscal quarter(s): <i>(Exclude taxes, meals and other services.)</i>	26. \$ _____	27. \$ _____	28. \$ _____	29. \$ _____	30. \$ _____				
Cost of hotel rooms in all cities, including those listed above in the indicated fiscal quarter(s): <i>(Exclude taxes, meals and other services.)</i>	31. \$ _____	32. \$ _____	33. \$ _____	34. \$ _____	35. \$ _____				
Refundable state hotel occupancy tax (Multiply Item 35 by .06000):									36. \$ _____

o. Is this an amended claim for the above fiscal quarter(s)? 1 YES 2 NO n. PM date
 •

I declare the information in this document is true and correct to the best of my knowledge and belief.		Complete this claim form and send to: Comptroller of Public Accounts Attn: Sales & Motor Vehicle Tax Refunds Section 111 E. 17th Street, Austin, TX 78774-0100 or refund.request@cpa.texas.gov	
Name	Title		
Signature		Date	Phone

Instructions for Completing Claim for Refund of State Hotel Occupancy Tax

General Instructions

- Who May File:** A United States governmental entity that paid the Texas state hotel occupancy tax directly to the hotel for its employees when they were conducting official business on behalf of the entity. Federal entities that reimbursed employees for taxes paid by the employees while traveling may also file a claim.
- State agencies, boards, commissions and institutions that do not use the Uniform Statewide Accounting System (USAS) to reimburse employee travel expenses.
- Texas institutions of higher education and their employees traveling on official business are exempted from state hotel tax and should be providing hotels with an exemption certificate. No refund is available using this form.
- When to File:** This form may be used to file a refund claim for up to four fiscal quarters within the same fiscal year. You may file only one claim per fiscal quarter.
- For Assistance:** Call 1-800-531-5441, ext. 3-4545, or 512-463-4545, or email refund.request@cpa.texas.gov.

Specific Instructions

- Item c** - Enter the 11-digit taxpayer number assigned by the State of Texas. If you do not have a number assigned by the state, use your Federal Employer Identification (FEI) Number.
- Items d-h** - Enter your agency name and the complete address of the location filing the claim.
- Item i** - Enter the fiscal year during which the hotel occupancy tax was paid. The state's fiscal year is September 1 through August 31.
- Items j-m** - Darken the box(es) for the appropriate fiscal quarter(s).
- Items 1-4** - Enter the **cost of hotel rooms** (excluding taxes, meals and other services) paid *within the city limits of Galveston, Texas*, for the applicable fiscal quarter(s) (*Dollars and cents*).
- Item 5** - Enter the total of hotel room costs paid *within the city limits of Galveston, Texas*, for the fiscal year covered (add Items 1, 2, 3 and 4) (*Dollars and cents*).
- Items 6-9** - Enter the **cost of hotel rooms** (excluding taxes, meals and other services) paid *within the city limits of South Padre Island, Texas*, for the applicable fiscal quarter(s) (*Dollars and cents*).
- Item 10** - Enter the total of hotel room costs paid *within the city limits of South Padre Island, Texas*, for the fiscal year covered (add Items 6, 7, 8 and 9) (*Dollars and cents*).
- Items 11-14** - Enter the **cost of hotel rooms** (excluding taxes, meals and other services) paid *within the city limits of Port Aransas, Texas*, for the applicable fiscal quarter(s) (*Dollars and cents*).
- Item 15** - Enter the total of hotel room costs paid *within the city limits of Port Aransas, Texas*, for the fiscal year covered (add Items 11, 12, 13 and 14) (*Dollars and cents*).
- Items 16-19** - Enter the **cost of hotel rooms** (excluding taxes, meals and other services) paid *within the city limits of Corpus Christi, Texas*, for the applicable fiscal quarter(s) (*Dollars and cents*).
- Item 20** - Enter the total of hotel room costs paid *within the city limits of Corpus Christi, Texas*, for the fiscal year covered (add Items 16, 17, 18 and 19) (*Dollars and cents*).
- Items 21-24** - Enter the **cost of hotel rooms** (excluding taxes, meals and other services) paid *within the city limits of Surfside Beach, Texas*, for the applicable fiscal quarter(s) (*Dollars and cents*).
- Item 25** - Enter the total of hotel room costs paid *within the city limits of Surfside Beach, Texas*, for the fiscal year covered (add Items 21, 22, 23 and 24) (*Dollars and cents*).
- Items 26-29** - Enter the **cost of hotel rooms** (excluding taxes, meals and other services) paid *within the city limits of Quintana, Texas*, for the applicable fiscal quarter(s) (*Dollars and cents*).
- Item 30** - Enter the total of hotel room costs paid *within the city limits of Quintana, Texas*, for the fiscal year covered (add Items 26, 27, 28 and 29) (*Dollars and cents*).
- Items 31-34** - Enter the **total cost of hotel rooms** (excluding taxes, meals and other services) paid in all cities, *including Galveston, South Padre Island, Port Aransas, Corpus Christi, Surfside Beach and Quintana*, for the applicable fiscal quarter(s) (*Dollars and cents*).
- Item 35** - Enter the total of all hotel room costs paid *in all cities* for the fiscal year covered (add Items 31, 32, 33 and 34) (*Dollars and cents*).
- Item 36** - Enter the amount of state hotel tax refund requested (multiply the amount in Item 35 by .06000) (*Dollars and cents*). **NOTE:** *The state tax rate is 6%. The city and/or county where the hotel is located may also impose a local hotel tax. You may contact the appropriate local taxing jurisdiction to request a refund claim form.*
- Item o** - Darken the "YES" box if you are filing this claim to correct a claim previously filed in error for one or more of the fiscal quarters included in this claim. Darken the "NO" box if this is the only claim filed for all fiscal quarters.