



The City of  
**OKLAHOMA CITY**  
 Finance Department  
 City Treasurer's Office

# Monthly Hotel Room Tax Report

Remittance Address: City of Oklahoma City  
 City Treasurer's Office  
 420 West Main, Suite 120  
 Oklahoma City, OK 73102

Certificate # \_\_\_\_\_

Sales Tax Permit # \_\_\_\_\_

Federal ID # \_\_\_\_\_

\_\_\_\_\_  
 Name of Tax Payer

\_\_\_\_\_  
 Name of Hotel

\_\_\_\_\_  
 Street Address, Rural Route or P.O. Box Number

\_\_\_\_\_  
 Physical Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 City, State, Zip

CALENDAR MONTH, YEAR COVERED BY THIS REPORT \_\_\_\_\_, \_\_\_\_\_

## MONTHLY COMPUTATION OF HOTEL TAX

1. GROSS RECEIPTS - All lodging furnished to guests.....	\$ _____
2. EXEMPTIONS - As defined in the Oklahoma City Municipal Code, § 52-64.1. Attach Exemption Forms.....	\$ _____
3. NET TAXABLE RECEIPTS - Line 1 less Line 2.....	\$ _____
4. GROSS TAX DUE - Enter 5.5% of Line 3.....	\$ _____
5. DISCOUNT - If paid by 15th after month close - enter 3% of Line 4.....	\$ ( _____ )
6. INTEREST - 2% per month from date of delinquency (Delinquent if not paid within 15 days following month close).....	\$ _____
7. PENALTY - 10% per month to a maximum of 50% as defined in § 52-72.	\$ _____
8. NET TAX - Line 4 Plus or Minus Lines 5, 6, and/or 7.....	\$ _____
9. PRIOR PERIOD CORRECTION - INVOICE OR CREDIT MEMO (ATTACH COPY)	\$ _____
10 TOTAL HOTEL TAX PAID	\$ _____

I hereby certify that the information and statements contained herein and in any schedules or exhibits are true and correct.

\_\_\_\_\_  
 Name (Please print)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Please retain a copy for your records.

For assistance, please contact us at (405) 297-2229.