



CITY OF TEXARKANA, ARKANSAS
DEPARTMENT OF FINANCE
P.O. Box 2711 - Texarkana, Arkansas 75504
Phone (870) 779-4989 - Fax (870) 772-8182

HOTEL & MOTEL GROSS RECEIPTS TAX REPORT

OWNER'S NAME(S) _____
BUSINESS NAME _____
BUSINESS ADDRESS _____
STATE TAX I D # _____

Total monthly gross receipts
Reported to the STATE OF ARKANSAS*****

For period _____
Total monthly gross receipts \$ _____ -

*******ATTACH COPY OF REPORTS SUBMITTED TO STATE**

1% of Monthly Gross Receipts (H-123 TAX LEVY) \$ _____ -
2% of Monthly Gross Receipts (L-276 TAX LEVY) \$ _____ -

PURSUANT TO ORDINANCE H-123, DATED OCTOBER 19, 1970, AND ORDINANCE L-276, DATED DECEMBER 18, 2006, TOTALLING THREE PERCENT OF GROSS RECEIPTS ARE DUE TO THE CITY OF TEXARKANA, ARKANSAS ON THE 20th DAY OF EACH MONTH FOR THE PRECEDING MONTH. A PENALTY OF \$50.00 PER DAY FOR EACH DAY THE TAX IS NOT PAID WILL BE ASSESSED BEGINNING WITH THE FIRST DAY OF THE MONTH AFTER THE DUE DATE. THE CITY RESERVES THE RIGHT TO VERIFY STATE OF ARKANSAS REPORTS AND TO AUDIT BUSINESS RECORDS.

Please make checks payable to:

**CITY OF TEXARKANA, ARKANSAS
ATTN: COLLECTIONS
P.O. BOX 2711
TEXARKANA, AR 75504**