



NEW ACCOUNT REGISTRATION FORM

MuniServices • Attn: TX Hotel Occupancy Tax

Please complete the below form, and send via email or fax.

Email: support@muniservices.com Fax: (205) 423-4099

1 – Legal Business Name: _____ FEIN/Social Security #: _____

2 – Sole Proprietorship General Partnership Corporation LLC – Single Member LLC – Multi Member LLP
 Governmental Agency Professional Association Other (please explain) _____

3 – Mailing Address:

(Mailing Address) (City) (State) (Zip) (County)

4 – Phone Number :(_____) Fax: (_____) _____

5 – Name(s) of Owner(s):

(Last, First, Middle) (Residence Address) (SSN)

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6 – Contact Person: _____ Title: _____ Email: _____

7 – Physical Locations:

(DBA) (Physical Address) (City, State, Zip) (County)

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8 – (Required Information) Begin Date _____ Description of Business _____
(Hotel, bed and breakfast, resort, etc.)

9 – Indicate the city(ies) you will be filing for:

Please visit www.revds.com for a complete listing of MuniServices administered cities for hotel occupancy tax. (Taxpayer → Texas → Tax Forms)

10 – Room/Rate Information:

Please specify the total number of rooms available for occupancy at your business: _____

Please specify the average room per room rate: \$ _____ per night

11 – Sworn Statement:

I declare, under penalties of perjury, that this return (and any accompanying schedules) has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: _____ Signed: _____ Date Signed: _____

Title: _____ Phone #: _____ Email: _____

Questions? Contact MuniServices Support at (866) 240-3665 or via email at support@muniservices.com