

3/12/2025

Hi, Maryann -

Attached is the filing report for the 4th qtr of 2024. It was late due to stress/work involving the sell of my home and finding a new place to live. The penalty was \$2.61 (which I did include in my payment)

I am asking a waiver to forgive this penalty. I attached my request for a waiver from the state for the same reason and my accounting records.

Thank you very much for working with me on this matter.

Sincerely,

Mary C Sims
Treasurer / Owner
The Caroline House

Submit a Filing



CITY OF MONTGOMERY

Hotel Occupancy Tax Form -Quarterly

Businesses are required to file a 7% local occupancy tax for any sleeping room furnished by any hotel, motel, or other overnight lodgings within the city or its extraterritorial jurisdiction.

For customer support, please call Localgov Customer Service at (877) 842-3037 or email at service@localgov.org

Due Date

Filing Period	Due Date
10/1/2024	1/31/2025

Other Fields

Doing Business As

The Caroline House - A Bed and Breakfast

State Tax ID

TX

Business Address 1

811 CAROLINE ST

Business Address 2

Business City

Montgomery

Business State

TX

Business Zip Code

77356

Gross Room Rental Receipts

Not including taxes or other non-room rental charges added to the hotel or motel bill

Gross Tax

7% of Gross Receipts

Penalty

\$42.61

5% if paid after the due date

Interest

\$0.00

7% if paid 30 days after the due date

Total Amount Due

I declare that, to the best of my knowledge, the information contained in this report is true and accurate.

Name

MARY ECKHART-SIMS

Title

Owner/Innkeeper

Date

2/12/2025

* Required Fi

[< Back \(/General/V2Filings/SubmitOrEdit?sessionKey=5a156321-cca9-4d1b-bce3-2bee188be472&taypayerBusinessId=\)](#)

Cancel

File & Pay

© 2025 Localgov. All rights reserved.

[Terms \(https://portal.localgov.org/Home/Terms\)](https://portal.localgov.org/Home/Terms)

[Privacy Policy \(https://portal.localgov.org/Home/PrivacyPolicy\)](https://portal.localgov.org/Home/PrivacyPolicy)

☎ 877-842-3037 (tel:877-842-3037)

✉ [service@localgov.org \(mailto:service@localgov.org\)](mailto:service@localgov.org)

Request to Comptroller



Request for Waiver of Penalty for Late Report and/or Payment

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 this form.

Taxpayer Information

a. Taxpayer name MARY C ECKHART SIMS	b. Texas 11-digit taxpayer number
--	-----------------------------------

Penalty Waiver Request Maximum Waiver Request not to exceed 6 monthly, 2 quarterly or 1 annual tax period(s) per taxpayer. (If you are requesting a waiver for more than one tax type or for more than one period, be sure to list each request separately.)

c. Enter tax type for which the waiver is requested as shown on tax notice or report. (For example, if sales tax enter sales tax, if franchise tax, enter franchise tax, etc.)	d. Enter filing type as either Yearly, Quarterly, or Monthly.	e. Enter the last month for the tax report period.	f. Enter the year the report was due.	g. Enter amount of penalty requesting to be waived.
Texas Hotel Occupancy Tax Report	Quarterly	12/31/2024	2025	86.53
Total amount				\$ 86.53

Penalty Waiver Reason

Briefly explain why the report and/or payment was late, and any steps taken to correct the problem that caused the late filing or payment.

I am retiring, selling my property, and moving. I always try to pay my bills in a timely manner. In the midst of negotiations, finding a new home, and running the business, I forgot to send in my quarterly tax report. I am so sorry. I am filing the form today (2/7/2025) including the penalty, but would be very appreciative if the penalty could be waived. Thank you so much for your consideration.

Contact Information

Preferred contact method (Check one.) <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail	Company/requestor's name (if different from the taxpayer)	Date 02/07/2025
First and last name Mary Sims	Job title Innkeeper	
Email	Phone (Area code and number)	
Address 811 Caroline St	City Montgomery	State Texas
		ZIP code 77356

Send your completed request by mail, email or FAX.

Comptroller of Public Accounts
Attn: Advanced Processes Section
111 E. 17th St.
Austin, TX 78774-0100

waivers@cpa.texas.gov

FAX: 512-936-6225 or 1-888-908-9995

If you need additional information about requesting a waiver, call us at 1-800-531-5441, ext. 34560, or 512-463-4560. All waivers are worked in the order they are received. Allow 28 days for us to contact you.