



Texas Fee Report for Sexually Oriented Business

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 numbers listed on your report.

a. T Code ■ **42100**

c. Taxpayer number
■

d. Filing period

e. ■

f. Due date

g. Name and mailing address (Make any necessary name or address changes below.)

IMPORTANT

h. Blacken this box if your mailing address has changed. Show changes by the preprinted information. -----> 1

- Do NOT write in shaded areas.

i. ■

j. ■

Instructions for Completing the Texas Fee Report for Sexually Oriented Business

Who Must File - Every sexually oriented business that provides live nude entertainment or live nude performances for an audience of two or more individuals and authorizes on-premises consumption of alcoholic beverages, regardless of whether the consumption of alcoholic beverages is under a license or permit issued under the Alcoholic Beverage Code.

Whom to Contact for Assistance - If you have any questions regarding the sexually oriented business fee, you may contact the Texas State Comptroller field office in your area, or you may call 1-800-252-5555 or 512-463-4600.

When to File - Reports must be filed or postmarked on or before the 20th day of the month following each calendar quarter. If the due date falls on a Saturday, Sunday or legal holiday, the next business day will be the due date.

General Instructions - If you operated more than one location during the reporting period, you must also complete and attach the Texas Fee Report for Sexually Oriented Business - Location Supplement (Form 42-101). If any preprinted information on this report is incorrect, OR if you do not qualify to file this report, contact the Comptroller's office.

Business location name:	
Location address:	Location number: ■

1. Enter the number of entries by each customer admitted to this location during this reporting period
(Include all entries by customers for the reporting period regardless of whether the sexually oriented business fee is collected from the customer or assumed by the business location.) ----- 1. ■ _____

■ **42180**

2. Enter the number of entries by each customer admitted to ALL LOCATIONS during this reporting period
(Add item 1 from this page and all attached location supplements, Form 42-101.) ----- 2. ■ _____

3. Total fee due for ALL LOCATIONS (Multiply Item 2 by \$5.00) ----- 3. \$ _____

4. Penalty and interest
1-30 days late: Enter penalty of 5% (.05) of Item 3.
31-60 days late: Enter penalty of 10% (.10) of Item 3.
Over 60 days late: Enter penalty of 10% (.10) of Item 3 plus interest calculated at the rate published on Pub. 98-304, at 1-877-447-2834, or online at www.window.state.tx.us. ----- 4. \$ _____

5. TOTAL AMOUNT DUE AND PAYABLE (Item 3 plus Item 4) ----- 5. \$ _____

Taxpayer name

k. ■

l. ■

■ T Code ■ Taxpayer number ■ Period

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.

Duly authorized agent

sign here ▶

Daytime phone

Date

Make the amount in Item 5 payable to: STATE COMPTROLLER

Mail to: COMPTROLLER OF PUBLIC ACCOUNTS
P.O. Box 149356
Austin, TX 78714-9356