



TRANSIENT OCCUPANCY TAX QUARTERLY RETURN
(Due one calendar month from quarter ending)

For Quarter Ending: _____

Period Covered: _____

Business Name: _____

Business Address: _____

1. Total Rent Charged for Occupancy of Rooms (excluding TOT): \$ _____

Allowable Deductions

a. Permanent Residents	\$ _____
b. Federal or State of CA Employee	\$ _____
c. Foreign Government Employee or Officer	\$ _____
d. Occupant whose rent is of less than \$2.00 per day	\$ _____

2. Total allowable deductions (Sum of lines a through d): \$ _____

3. Taxable Rent (Line 1 minus Line 2): \$ _____

4. Total Tax Due (Line 3 times 8%): \$ _____

5. Add Penalty (10% of total tax due),
if paid after due date. (Line 4 x 10%): \$ _____

6. 2nd Penalty
(Addtl. 10% if paid more than 30 days after delinquent date): \$ _____

7. Add Interest (1/2 of 1% of Line 4 for each month delinquent): \$ _____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS FORM IS TRUE
AND CORRECT:

Signature: _____ Date: _____

Print Name: _____ Title: _____

Telephone: _____ Email: _____

RETURN THIS FORM WITH YOUR REMITTANCE