

TRANSIENT OCCUPANCY TAX RETURN



CITY OF GUADALUPE

P.O. Box 908 918 Obispo Street, Guadalupe, CA 93434 (805) 356-3895

MONTHLY REPORT FOR	MONTH:	YEAR:
<i>Note: Delinquent if not received by 5:00 pm the twentieth of the month following the close of the reporting month. Make payments payable to the City of Guadalupe. A tax return must be filed even if there is no tax due.</i>		

NAME OF HOTEL/ BED AND BREAKFAST: _____

ADDRESS: _____

- A. TOTAL ROOMS AVAILABLE FOR RENT (NUMBER OR ROOMS X NUMBER OF DAYS IN MONTH) _____
 - B. TOTAL ROOMS OCCUPIED (MONTHLY SUM OF DAILY OCCUPIED ROOMS) _____
 - C. Less: Exempt rooms (30 +, government, comp) _____
 - D. NET ROOMS OCCUPIED (LINE B MINUS LINE C)..... _____
- PERCENTAGE OF ROOMS OCCUPIED IN MONTH (LINE D/ LINE A) _____

- 1. **GROSS RECEIPTS FROM OCCUPANCY OF ROOMS**..... \$ _____
- 2. **TOTAL TOT COLLECTED** (6% OF LINE 1) \$ _____
- 3. **PENALTY** (10% OF LINE 2 IF PAID WITHIN 30 DAYS AFTER DELINQUENT DATE) \$ _____
- 4. **ADDITIONAL PENALTY** (10% OF LINE 2 IF MORE THAN 30 DAYS AFTER DELINQUENT DATE) \$ _____
- 5. **INTEREST CHARGE** (1/2% OF LINE 2 PER MONTH FROM DELINQUENT DATE)..... \$ _____
- 6. **TOTAL AMOUNT DUE** (Sum lines 2, 3, 4, & 5)..... \$ _____

I DECLARE UNDER PENALTY OF MAKING A FALSE DECLARATION THAT I AM AUTHORIZED TO MAKE THIS STATEMENT, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND A COMPLETE STATEMENT MADE IN GOOD FAITH FOR THE PERIOD STATED, IN COMPLIANCE WITH THE PROVISION OF THE GUADALUPE MUNICIPAL CODE 3.20.010 THROUGH 3.20.130.

Signature: _____ Date: _____