

**TRANSIENT OCCUPANCY TAX AND
MONTEREY COUNTY TOURISM IMPROVEMENT DISTRICT**

MAIL TO:
CITY OF SOLEDAD, FINANCE DEPARTMENT

P.O. BOX 156
SOLEDAD, CA 93960

QUARTERLY REPORT FOR QUARTER ENDING _____

NOTE: TAX DELINQUENT IF NOT RECEIVED WITHIN 30 DAYS FROM END OF QUARTER

HOTEL NAME: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS: _____ CONTACT NAME: _____

- A. TOTAL ROOMS AVAILABLE FOR RENT (Number of rooms X number of days in quarter) _____
- B. TOTAL ROOMS OCCUPIED (Quarterly sum of daily occupied rooms) _____
- C. PERCENTAGE OF ROOMS OCCUPIED PER QUARTER (Line B divided by line A) _____
- D. TOTAL ROOMS OCCUPIED AS MONTHLY RENTALS PER QUARTER _____
- E. TOTAL TAXABLE ROOMS OCCUPIED (Quarterly sum of daily occupied rooms [B] less quarterly sum of monthly rentals [D]) _____

- | | |
|--|-------|
| 1. GROSS RECEIPTS FROM OCCUPANCY OF ROOMS | _____ |
| 2. LESS GROSS RECEIPTS FROM MONTHLY RENTALS | _____ |
| 3. EQUALS TAXABLE TRANSIENT RENTS (Line 1 minus Line 2) | _____ |
| 4. TOTAL T.O.T. COLLECTED (12% of line 3) | _____ |
| 5. IF DELINQUENT ADD PENALTY (10% for first month) | _____ |
| 6. ADDITIONAL PENALTY (If not paid after 30 days, a second delinquency penalty of 10% of the amount of the assessment in addition to the amount of the assessment and the 10% penalty FIRST imposed) | _____ |
| 7. TOTAL T.O.T. AMOUNT DUE (Lines 4 + 5 + 6) | ===== |

- | | |
|---|-------|
| 8. MONTEREY COUNTY TOURISM IMPROVEMENT DISTRICT:
(\$1.00 per occupied taxable room per night for full service lodging businesses)
(\$0.50 per occupied taxable room per night for limited service lodging businesses) | _____ |
| 9. IF DELINQUENT ADD PENALTY (10% for first month) | _____ |
| 10. ADDITIONAL PENALTY (If not paid after 30 days a second delinquency penalty of 10% of the amount of the assessment in addition to the amount of the assessment and the 10% penalty first imposed) | _____ |
| 11. TOTAL TOURISM IMPROVEMENT DISTRICT (Total of lines 8 through 10) | ===== |

12. TOTAL T.O.T. + TOURISM IMPROVEMENT DISTRICT (Total of lines 7 + 11) _____

SIGNATURE AND DATE

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 a true, correct and complete statement made in good faith for the period stated in compliance with the provisions of the SOLEDAD MUNICIPAL CODE.

SIGNATURE: _____ DATE: _____