

# TRANSIENT OCCUPANCY TAX

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]) \_\_\_\_\_

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|--|-------|
| 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)   | ===== |

## 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: \_\_\_\_\_