CITY OF ALTURAS

TRANSIENT OCCUPANCY TAX RETURN

YEAR: _____

NAME OF MOTEL (OR RV PARK): _____ **PHONE #** _____

ADDRESS: _____ **EMAIL ADDRESS:** _____

SELECT ONE:

- ◯ 1st Quarter (Jan. - March) Due by April 30th
- ◯ 2nd Quarter (April - June) Due by July 31st
- ◯ 3rd Quarter (July - Sept.) Due by Oct.l 31st
- ◯ 4th Quarter (Oct. - Dec.) Due by Dec. 31st

QUARTERLY REPORTING REQUIRES REGISTRATION CERTIFICATE FROM THE CITY

1) **GROSS RENT** for Occupancy of Rooms ---------- _____

Allowable Deduction:

2) Rent for Occupancy by Permanent Residents ---------- - _____

3) **TAXABLE RENT** (Line 1 minus Line 2) ---------- $ 0.00

4) **TOTAL TAX** = 10% of Line 3 ---------- $ 0.00

5) Adjustment of prior reports for transients who complete 31 consecutive days to qualify as a permanent lodger. Rental receipts previously reported as transients.

_____ .10 $ 0.00

6) **NET TAX** (Line 4 minus Line 5) ---------- $ 0.00

7) **PENALTY FOR LATE PAYMENT** (if applicable): Payment becomes delinquent on the first day of the second month following the close of reporting period.
Penalty 10% plus further 10% after 30 days ---------- + _____

TOTAL TAX & Penalty (if applicable) ---------- $ 0.00

I declare under penalty of making false statements, that to the best of my knowledge and belief, the statements herein true and correct.

Preparer's Signature _____ Date: _____

Title: _____ Phone # _____

Please make check or money order payable to **THE CITY OF ALTURAS** and mail to:

CITY TREASURER
CITY HALL
200 NORTH STREET
ALTURAS, CA 96101

Reset Print