



CITY OF RED BLUFF

555 Washington Street
Red Bluff, CA 96080

TRANSIENT OCCUPANCY TAX RETURN

Name of Business _____ Number of Rooms _____
Address _____ Number of Spaces _____

For Period of _____ through _____

1. Total Receipts from Room & Space Rentals \$ _____

Exemptions:

2. Rooms & Spaces Occupied More Than 30 Days \$ _____

3. Bad Debts from Previous Period \$ _____

4. Tax Exempt Government Employees \$ _____

5. Total Exemptions \$ _____

6. Taxable Receipts: (Item 1 Less Item 5) \$ _____

7. Amount of Tax Due: (10% of Item 6) \$ _____

8. Interest \$ _____ (0.5% per month) Penalty \$ _____ (10% per month)

9. Total Interest & Penalty Due: (Total of Items in 8) \$ _____

10. Total Due: (Item 7 Plus Item 9) \$ _____

CERTIFICATE

I have examined this report, the statements made, the figures shown herein, and the accompanying schedules, if any. This report and accompanying schedules are, to the best of my knowledge and belief, a true and complete return, made in good faith for the period stated. I also certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

SIGNATURE _____

TITLE _____ DATE _____
Owner, Partner, Agent, Officer, etc.

NOTICE

The tax will be delinquent if not paid on or before the last day of the month following the month in which due.

A penalty of 10% per month will be added after delinquent date and interest of 0.5% per month will be added after delinquent date.