

# TAX RETURN



## CITY OF RED BLUFF

555 Washington Street  
Red Bluff, CA 96080

### TRANSIENT OCCUPANCY TAX

Name of Business \_\_\_\_\_ Number of Rooms \_\_\_\_\_

Address \_\_\_\_\_ Number of Spaces \_\_\_\_\_

For Period of \_\_\_\_\_ through \_\_\_\_\_

1. Total Receipts from Room Rentals \$ \_\_\_\_\_

2. Total Receipts from Space Rentals \$ \_\_\_\_\_

3. Total Receipts \$ \_\_\_\_\_

Exemptions:

4. Rooms and Spaces Occupied More Than 30 Days \$ \_\_\_\_\_

5. Bad Debts from Previous Period \$ \_\_\_\_\_

6. Total Exemptions \$ \_\_\_\_\_

7. Taxable Receipts: (Item 3 Less Item 6) \$ \_\_\_\_\_

8. Amount of Tax Due: (10% of Item 7) \$ \_\_\_\_\_

9. Interest \$ \_\_\_\_\_ Penalty \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

#### 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.

SIGN HERE (SIGNED) \_\_\_\_\_

TITLE \_\_\_\_\_

Owner, Partner, Agent or Officer if Corporation, Trustee, etc.

DATE \_\_\_\_\_

#### 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% will be added after delinquent date and an additional penalty of 10% will be added if delinquent more than thirty days.