

TRANSIENT OCCUPANCY TAX RETURN

**Please make check Payable to City of Dorris – P.O. Box 768, Dorris, CA 96023
Phone– 530-397-3511**

QUARTERLY REPORT:	QUARTER	YEAR
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Note: Delinquent if not received by 5:00pm the last day of the month following the close of the reporting quarter.

NAME OF HOTEL _____
ADDRESS _____

Gross Rent for Occupancy of Rooms

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1. **GROSS RECEIPTS FROM OCCUPANCY OF ROOMS...**\$ _____
 2. **ADJUSTMENTS TO GROSS RENT**
 - A. Rent for Occupancy by Permanent Residents \$ (_____)
 - B. GOVERNMENT EMPLOYEE EXEMPTION..... (_____)
 - C. TOTAL ADJUSTMENTS TO GROSS RENT..... \$ (_____)
(Line A+B)
 3. **TOTAL TAXABLE RENT.....**\$ _____
(LINE 1- line 2C)
 4. **TOTAL TOT COLLECTED**\$ _____
(5% OF LINE 3)
 5. **SCTID Assessment (taken from calculation above).....**\$ _____
(2% OF LINE 3)
 6. **TOTAL TOT and SCTID COLLECTED**\$ _____
(Line 4+5)
 7. **PENALTY.....**\$ _____
(10% OF LINE 6 IF MORE THAN 30 DAYS PAST DUE)
 - 8 **ADDITIONAL PENALTY.....**\$ _____
(20% OF LINE 6 IF MORE THAN 60 DAYS PAST DUE)
 9. **INTEREST CHARGE.....**\$ _____
(.5% OF LINE 6 PER MONTH FROM DELINQUENT DATE)
 10. **TOTAL AMOUNT DUE.....** \$ _____
(LINES 6, 7, 8 & 9)

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 TRUE, CORRECT AND A COMPLETE STATEMENT MADE IN GOOD FAITH FOR THE PERIOD STATED, IN COMPLIANCE WITH THE PROVISIONS OF THE SOLVANG CITY CODE.

SIGNATURE: _____ **DATE:** _____

TITLE: _____

Make check payable to the City of Dorris, and submit to P.O. Box 768, Dorris, CA 96023 or 307 S. Main Street

Change of ownership, or suspension or disposal of business, must be reported immediately.