

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

- 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 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: \_\_\_\_\_



# CITY OF SOLEDAD

## Transient Occupancy Tax (TOT) Exemption Claim

### **Detail** Form for Occupancies OVER 30 Days

This form is to be used if claiming multiple tax exemptions for persons occupying rooms for more than 30 days and must be remitted with the Quarterly TOT return. Please note the transient **must pay tax for the first 30 days of occupancy unless a long-term rental contract exists**. The TOTAL DOLLAR AMOUNT claimed on this form MUST EQUAL the DOLLAR AMOUNT DEDUCTED on LINE ITEM #2 of the TAX RETURN FORM.

ESTABLISHMENT NAME \_\_\_\_\_

REPORTING PERIOD (MM/ YYYY) \_\_\_\_\_

Tax Exempt Guest Name	Dates of Occupancy		# of Exempt Days	Avg. Daily Room Rate	Exemption Amount
	From	To			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

TOTAL EXEMPTION AMOUNT  
(Enter on Line 2 of **Quarterly** Tax Return) \$ \_\_\_\_\_

I certify and declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date