

# 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.

\_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Title (Owner, Partner, Agent, Officer, etc.) Date

\_\_\_\_\_  
Contact Phone Contact Email

### 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.