MAIL ORIGINAL TO:

City of Belmont

One Twin Pines Lane
Suite 320
Belmont, CA 94002

CITY OF BELMONT TRANSIENT OCCUPANCY TAX RETURN

BUSINESS NAME: _____ **DUE DATE:** _____

ADDRESS:

Period from through

Note: A tax return must be filed even if there is no tax due.
A tax return and payment is due immediately upon cessation of business, sale of property or change of operators/management.

1. Total Receipts from Room Rentals. . . . . $ _____

EXEMPTIONS

2. Rooms Occupied more than thirty days by the same individuals (attach claim forms) $ _____

3. Rooms Occupied by Federal Government employees on official business (attach claim forms) $ _____

4. **TOTAL EXEMPTIONS . . . . . $** _____

5. Taxable Receipts (Line 1 less Line 4) $ _____

6. Amount of Tax Due (10% of Line 5) $ 0.00

7. Interest $ _____ Penalty $_____ $ _____

TOTAL (Remit in full) . . . . . $ 0.00

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DO NOT FAIL TO SIGN HERE:

Date: _____ Owner, Partner, Agent or Officer If Corporation, Trustee, Etc.

NOTICE: The tax will be delinquent if not paid on or before the last day of the month following the close of the reporting period. PENALTY: A ten percent (10%) penalty will be added after delinquency period and an additional ten percent (10%) penalty will be added if delinquent more than thirty (30) days. INTEREST: One percent (1%) interest per month or fraction thereof, exclusive of penalties, from date of delinquency.

Return This Form With Remittance - Keep Duplicate For Your Records

Print Form