

MAIL ORIGINAL TO:

City of Belmont

8839 N. Cedar Ave. #212
Fresno, CA 93720-1832

**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 (12% of Line 5) \$ _____

7. Interest \$ _____ Penalty \$ _____ \$ _____

TOTAL (Remit in full) \$ _____

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