



TRANSIENT OCCUPANCY TAX RETURN

City of Buellton • P.O. Box 1819 • Buellton, CA 93427 • (805) 686-0137

MONTHLY REPORT: MONTH YEAR

Note: Delinquent if not received by 5:00pm the 20th day of the month following the close of the reporting month.

NAME OF HOTEL _____

- A. TOTAL ROOMS AVAILABLE FOR RENT...
B. TOTAL ROOMS OCCUPIED...
C. SYVTBID FEE: TOTAL ROOMS OCCUPIED x \$3.00
D. PERCENTAGE OF ROOMS OCCUPIED IN MONTH

1. GROSS RECEIPTS FROM OCCUPANCY OF ROOMS...\$ _____

ADJUSTMENTS TO GROSS RENT

(SUPPORTING DOCUMENTATION MUST ACCOMPANY THIS FORM)
i.e.: TOT FORMS: Exempt, 30 - Day, and Gov't

- 2. A. Taxable amount on Comp Rooms...
B. # of Non-Taxable Comp Rooms...
C. LESS NON- TRANSIENT EXEMPTIONS CLAIMED \$
D. GOVERNMENT EMPLOYEE EXEMPTION...
E. TOTAL ADJUSTMENTS TO GROSS RENT...
3. TOTAL TAXABLE RENT...
4. TOTAL TOT COLLECTED...
5. SYVTBID FEE (taken from calculation above)...
6. PENALTY...
7. ADDITIONAL PENALTY...
8. INTEREST CHARGE...
9. TOTAL AMOUNT DUE...

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 BUELLTON CITY CODE.

SIGNATURE: DATE:
EMAIL: PHONE: