



TAX RETURN

HOTEL TRANSIENT OCCUPANCY TAX

Pursuant to Ordinance No. 93-03

Business Name:

Mail to:
**City of Shasta Lake
P.O. Box 777
Shasta Lake, CA 96019
(530) 275-7400**

Quarter: _____ Period from: _____ to _____

1. Total receipts from room rentals.....\$

EXEMPTIONS

2. Exemption.....\$ _____

3. **TOTAL EXEMPTIONS**.....\$

4. Taxable receipts (Line 1 less line 3).....\$

5. Amount of tax due (10% of line 4).....\$

6. Interest due.....\$

7. Penalty due.....\$

TOTAL (Remit in full) \$

CERTIFICATION

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

Signed: _____

Title: _____

Date: _____

NOTICE

The tax will be delinquent if not paid on or before the last day of the month following the close of each calendar quarter. A penalty of 10% will added after the delinquent date and an additional penalty of 10% will be added if delinquent more than thirty days, plus interest of one-half of 1% per month or fraction thereof on the amount of tax due.

Return this form with remittance

Make a copy for your records