

**City of Anderson
1887 Howard Street
Anderson, CA 96007**

TRANSIENT OCCUPANCY TAX RETURN

Name of Hotel/Motel _____

Address _____

Report period from _____ through _____

A. Total transient rents charged and received _____

B. Less rents charged and received exempt from tax (_____)

C. Net rents charged and received subject to tax _____

D. Amount of tax collected for transient occupancies (10% of line "C") _____

E. Penalty for failure to remit the tax within the month after the period (10% of line "D") _____

F. Penalty for failure to remit the tax within 30 days following date on which remittance first became delinquent (10% of line "D") _____

G. Interest charge for failure to remit any tax collected equal to 1/2 of 1 percent per month on the amount on line "D" from the date on which the remittance first became delinquent _____

TOTAL AMOUNT DUE (D+E+F+G) _____

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 a true, correct and complete statement made in good faith for the period stated, in compliance with the provisions of the City of Anderson Ordinance No. 158 effective July 1, 1965; Ordinance No. 201, effective April 20, 1968; Ordinance No. 377, effective July 19, 1977; Ordinance No. 608, effective April 1, 1993; and Ordinance 624, effective October 6, 1994.

Signature of Operator or Agent Title Date

Mailing Address _____

Business Phone _____