

TRINIDAD CITY HALL
P.O. Box 390
409 Trinity Street
Trinidad, CA 95570
(707) 677-0223

Kathy Bhardwaj, Mayor
Gabriel Adams, City Clerk



RETURN ON TRANSIENT OCCUPANCY TAX (TOT)

Rental Address and Title: _____

Calendar Year: _____

Quarter (3-Month Period) Covered (circle one):

Jan.-March April-June July-Sept. Oct.-Dec.

Was rental income received for this property during the period circled above? Yes No
(If "Yes," complete items 1-8 below; if "No," please sign the form below and mail or fax the form to City Hall.)

1. **Gross rent for occupancy during period above:** \$ _____

2. Less: Rent for occupancy by permanent residents (one who occupies or has right of occupancy at least 30 consecutive days): \$ _____

3. Less: Non-Taxable income from Rentals to Government Employees: \$ _____

4. Total Allowable deductions: (Line 2 + Line 3) \$ _____

5. Taxable Rents (Line 1 minus Line 4): \$ _____

6. TAX: **10%** of Line 5 (**10% City**) \$ _____

7. TAX: **2%** of Line 5 (**2% County TBID**) \$ _____

8. Penalties and Interest: 10% of Line 6 for 1st month after delinquent date, plus an additional 10% for 2nd month delinquency, plus 1 1/2% for each additional month, or fraction thereof: \$ _____

9. Total tax, penalties, and interest: (Line 6 + Line 7) \$ _____

(Please make checks payable to the City of Trinidad.)

I declare under penalty of making a false statement that to the best of my knowledge and belief, the statements herein are correct and true.

Owner or Agent (print) _____ Signature _____

Date submitted: _____

TOT IS DUE 30 DAYS AFTER THE END OF THE QUARTER CIRCLED ABOVE