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

Cheryl Kelly, 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.)

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1. **Gross rent for occupancy during period above:** $_____
The total amount received during the reporting period from the occupancy of all rooms for stays less than 30 consecutive days.

2. **Less Allowable Deductions:**
Rent covered by Government Agency Exemption Certificates. $_____

3. **Taxable Rents**: (line 1 minus line 2) $_____

4. **Transient Occupancy Tax Due**: (12% of line 3) $_____

5. **Total Due** **$**_____

6. **Penalties and Interest**: 10% of Line 6 for the first month after delinquent date, plus an additional 10% for second month delinquency, plus .5% for each additional month, or fraction thereof: $_____

7. **Total Tax and Assessment, with Penalty** $_____

EVEN IF THERE IS NO TAX, A RETURN MUST BE FILED WITH THE CITY CLERK'S OFFICE.
BE SURE THIS FORM IS FILLED OUT COMPLETELY AND CORRECTLY

(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