

CITY OF GALT
FINANCE DEPARTMENT
380 Civic Drive
Galt, CA 95632
(209) 366-7150

TRANSIENT OCCUPANCY TAX RETURN

For the Quarter ended _____
Due on or Before _____

Hotel/Motel Name: _____

Address: _____

*Change of Ownership must be filed and reported immediately to the city of Galt Finance Department. If business is disposed of or suspended, closing return must be filed immediately at the city of Galt Finance Department 380 Civic Drive, and the tax due must be paid. No change of ownership can be recorded until this is done. Check, Drafts, Postal Notes and Money Orders in the exact amount of the tax due are accepted by the Finance Department as agent of the taxpayer and do not constitute payment until cleared. The Finance Department assumes no responsibility for payments lost in transit. **Remittance:** avoid penalty, be sure proper remittance is enclosed with this form. **A return must be filed even if no tax is due.***

No. of Room _____ **Percent of Occupancy** _____ **%**

TAX COMPUTATION

- 1. Gross Rent (Receipts for the occupancy of all rooms) \$ _____
- 2. Exemption (Receipts exempt from the room tax charge. Certificate of Tax Exemption must be completed and on File) \$ _____
- 3. Allowable Deduction (Rent from occupants who complete 31 or more consecutive days of lodging. The deduction applies beginning the 31st day. The first 30 days are subject to Transient Occupancy Tax. Tax and Revenue Code 7280) \$ _____
- 4. Taxable Rents (Line 1 minus Line 2 and Line 3) \$ _____
- 5. Tax Payable (Line 4 times 10%) \$ _____
- 6. Penalty for Late Payment, if applicable (A 10% penalty is assessed for the first month for payments received after the stated due date. A second 10% penalty is assessed for continued delinquency. GMC 3.36.080(A)(B).) \$ _____
- 7. Interest (In addition to the penalties imposed, interest of ½ of 1% per month, or fraction thereof, is assessed on the amount of tax due, from the date it became delinquent until paid. GMC 3.36.080(D).) \$ _____
- 8. **Total Payment Due** (Add lines 5 through 7) \$ _____

READ CAREFULLY BEFORE COMPLETING
I declare under penalty of perjury that the foregoing information and tax calculations are true to the best of my knowledge.

Prepared by:

(Please print name) (Phone Number) (Signature) (Date)

PLEASE MAKE CHECKS PAYABLE TO: City of Galt, Finance Department