



COUNTY OF LAKE

Department of the Treasurer - Tax Collector
Courthouse - 255 N. Forbes Street

Lakeport, California 95453
Telephone 707/263-2234
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BARBARA C. RINGEN
Treasurer – Tax Collector

ELIZABETH MARTINEZ
Assistant Treasurer - Tax Collector

COUNTY OF LAKE TRANSIENT OCCUPANCY TAX & TOURISM IMPROVEMENT DISTRICT RETURN

ESTABLISHMENT: _____ **CERTIFICATE #** _____
MAIL ADDRESS: _____ **PERIOD:** _____
CITY/STATE/ZIP: _____

INSTRUCTIONS

Even if there is no tax, a return must be filed with the tax collector quarterly. An envelope is enclosed for your convenience.

Return is delinquent the 30th day of the month following the close of the reporting period. Change of address or ownership must be reported immediately to the tax collector. Upon cessation of business for any reason, returns and payments are due immediately to the tax collector.

Remittance checks should be payable to: The County of Lake

Checks, drafts, postal notes and money orders/in the exact amount of tax due, are accepted by the tax collector subject to collections and do not constitute payment until cleared. Tax collector assumes no responsibility for loss in transit or delay in deposit.

Receipt - The cancelled check becomes the receipt. No receipt will be mailed by the tax collector unless a demand for same is made at the time of payment.

1	GROSS RENT FOR OCCUPANCY OF ROOM/CAMPGROUNDS	\$
2	RENT FOR OCCUPANCY FOR 30 DAYS OR MORE	\$
3	TAXABLE RENTS: LINE 1 MINUS LINE 2	\$
4	TRANSIENT OCCUPANCY TAX: 9% OF LINE 3	\$
5	TOURISM IMPROVEMENT DISTRICT ASSESSMENT: 1.5% OF LINE 3	\$
6	TOTAL TAX & ASSESSMENT: LINES 4+5	\$
7	PENALTIES: 10% OF LINE 6 IF PAID WITHIN 30 DAYS AFTER DELINQUENT DATE: 20% OF LINE 6 IF PAID MORE THAN 30 DAYS AFTER DELINQUENT DATE.	\$
8	INTEREST: 1/2% OF LINE 6 FOR EACH MONTH OR FRACTION OF MONTH AFTER DELINQUENT DATE. (NUMBER OF MONTHS: ___)	\$
9	TOTAL TAX/ASSESSMENT/PENALTY/AND INTEREST: LINES 6 +7 + 8	\$

I DECLARE UNDER PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE STATEMENTS HEREIN ARE CORRECT AND TRUE.

SIGNED _____

TITLE _____ **DATE** _____