

CITY OF CLEARLAKE
TRANSIENT OCCUPANCY TAX /
TOURISM DISTRICT ASSESMENT
RETURN

Business Name _____

Address _____

Monthly Period from _____ to _____

1. Total receipts from room rentals or camp site spaces _____ \$ _____

EXEMPTIONS

2. Rooms/spaces occupied more than thirty consecutive days... _____ \$ _____

3. Taxable receipts (Line 1 less line 2) _____ \$ _____

4. Amount of City tax due (9% of line 3) _____ \$ _____

5. Amount of Tourism District Assessment due (1.5% of line 3) _____ \$ _____

6. Penalty \$ _____ Interest \$ _____ \$ _____

TOTAL (Remit in full) \$ _____

CERTIFICATION

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DO NOT → Signed _____

FAIL TO Title _____

SIGN HERE Owner, partner, Agent or Officer if Corp. Trustee, etc.

Date _____

RETURN THIS FORM WITH REMITTANCE (RETAIN A COPY FOR YOUR RECORDS)
MAKE CHECKS PAYABLE TO "CITY OF CLEARLAKE".

MAIL TO: CITY OF CLEARLAKE, FINANCE DEPARTMENT, 14050 OLYMPIC DR, CLEARLAKE, CA 95422

For Finance Department use:
 CITY OF CLEARLAKE TRANSIENT OCCUPANCY TAX

Total Receipts: _____ Month _____

Total Tax: _____

Amt Pd: _____

Date Pd: _____

Audited: _____ by _____

NOTICE

The tax will be delinquent if not paid on or before the last day of the month in which due. A penalty of 10% will be added after a delinquent date and an additional penalty of 10% will be added if delinquent more than thirty days plus interest of one-half of 1% per month for every month that tax is delinquent.

(Chapter 3 Sec 3-3 Clearlake Municipal Code)