CITY OF SANTA CRUZ
TRANSIENT OCCUPANCY TAX RETURN

QUARTER:
Due:

TOT # ADDRESS:

1. TOTAL RECEIPTS FROM ROOM RENTAL	1.	$ •
2. LESS: DEDUCTION FOR NON-TRANSIENT RESIDENTS (See Instructions)	2.	$ •
3. LESS: DEDUCTION FOR QUALIFIED MEALS INCLUDED IN LINE 1 UPON WHICH SALES TAX WAS PAID (See Instructions)	3.	$ •
4. TAXABLE RECEIPTS (LINE 1 MINUS LINES 2 AND 3)	4.	$ •
5. TAX DUE (10% OF LINE 4)	5.	$ •
6. LATE PENALTY (10% x Line 5 for first 30 days late + Additional 15% x line 5 for over 30 days late) (See Instructions)	6.	$ •
7. INTEREST (1.5% x Line 5 x number of months late) (See Instructions)	7.	$ •
8. TOTAL TAX, PENALTY AND INTEREST (SUM OF LINES 5, 6, AND 7)	8.	$ •

I declare under penalty of perjury that the information contained herein is true and correct.

_____ DATE:_____ PHONE NUMBER:_____
SIGNATURE and TITLE

Please Remit to: City of Santa Cruz 809 Center Street Room 101 Santa Cruz, CA 95060 (831) 420-5070 Fax: (831) 420-5051

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