CITY OF SARATOGA

13777 Fruitvale Avenue
Saratoga, CA 95070
(408) 868-1200

TRANSIENT OCCUPANCY TAX RETURN

REPORTING PERIOD:

For the month ended: _____ , 20____
or
For the quarter ended: _____ , 20____

OPERATOR INFORMATION:

Name of Hotel _____
Hotel Address _____
Saratoga, CA
Hotel Contact Name _____
Phone Number _____

OCCUPANCY TAX CALCULATION:

Total Rent charged during reporting period:	$ -
Less: Complementary Meals Subject to Sales Tax	-
Less: Non-Transient Rents (to be supported by exemption forms)	-
Net Rent Charged During Reporting Period	-
Multiply by Transient Occupancy Tax Rate	10%
Total Occupancy Tax Due	$ -

CERTIFICATION

I hereby declare under penalty of perjury that the foregoing is true, correct, and complete.

Signature of Operator _____
Print Name: _____
Date: _____