



Transient Occupancy Tax Return

Reporting Period: Please check the reporting quarter

Year: _____

☐ Jan, Feb, Mar

☐ Apr, May, Jun

☐ Jul, Aug, Sep

☐ Oct, Nov, Dec

You are required to make this return and pay the tax pursuant to the City of Cloverdale Municipal Code Section 3.44.070. This return, accompanied by your remittance and exemption claims, must be filed with the City of Cloverdale on or before the last day of each calendar month following the close of the reporting quarter. i.e., Jan, Feb, Mar return is due by Apr 30th.

Name of Establishment:	Total # of Rooms:
Occupancy Rate: # of Rooms occupied during the month /Total # of rooms	%

1	Gross Rent for Occupancy of Rooms*	\$
2	Over 30 days Occupancy Exemption	\$
3	Federal & State Government Exemptions	\$
4	Red Cross Exemption	\$
5	Total Exemptions and Adjustments (add lines 2 through 4)	\$
6	Taxable Rents (Subtract line 5 from line 1)	\$
7	Tax: 10% of line 6	\$
8	BIA Tourism Assessment (if applicable use the check box): 2% of line 6	\$
9	Penalty: 1-30 Days Late 10% of line 7 (if applicable use the check box)	\$
10	Penalty: Over 30 days late add'l 10% of line 7 (if applicable use checkbox	\$
11	Interest: (amount on Line 7 X .5% X number of months late) # of mos	\$
12	Total Due: (add line 7 through 12)	\$

I declare under penalty of making a false declaration that I am authorized to make this statement and that to the best of my knowledge and belief it is a true, correct and complete statement.

Signature of Operator:	Phone Number:	Date:
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Print Name of Operator:	Title:
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Address:	Email:
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Establishment Operator: Please provide supporting documentation for any exemption claims and return this form with your check or money order payable to City of Cloverdale. Mail or deliver your tax return to City of Cloverdale, Attention: Finance Dept. 124 N. Cloverdale Boulevard, Cloverdale, CA 95425.
Please retain a photocopy for your records.

***Gross Rent must include cleaning fees and meals (if meals are included in standard room rate)**