



TRANSIENT OCCUPANCY TAX AND MONTEREY CO. TOURISM IMPROVEMENT DISTRICT

MAIL TO:
CITY OF SALINAS
FINANCE DEPARTMENT
200 LINCOLN AVENUE
SALINAS, CA 93901

QUARTERLY REPORT FOR QUARTER ENDING _____ YEAR: _____

NOTE: TAX DELINQUENT IF NOT RECEIVED WITHIN 30 DAYS FROM END OF QUARTER

Hotel Name: _____ Business Phone: _____

Business Address: _____ Contact Name: _____

- A. TOTAL ROOMS AVAILABLE FOR RENT (Number of rooms x number of days in quarter) _____
- B. TOTAL ROOMS OCCUPIED (Quarterly sum of daily occupied rooms) _____
- C. PERCENTAGE OF ROOMS OCCUPIED PER QUARTER (Line B divided by line A) _____
- D. TOTAL TAXABLE ROOMS OCCUPIED (Quarterly sum of daily occupied rooms less
quarterly sum of monthly rentals) _____

1	GROSS RECEIPTS FROM OCCUPANCY OF ROOMS:	\$
2	LESS GROSS RECEIPTS FROM MONTHLY RENTALS:	
3	EQUALS TAXABLE TRANSIENT RENTS (Line 1 minus Line 2)	
4	TOTAL T.O.T. COLLECTED (10% of line 3)	
5	IF DELINQUENT ADD PENALTY: (10% for first month)	
6	ADDITIONAL PENALTY: (10% of tax and penalty next month of delinquency, plus 1/2 of 1% of Tax per month from date of delinquency)	
7	TOTAL T.O.T. AMOUNT DUE (Lines 4, 5, & 6)	\$

8	MONTEREY CO. TOURISM IMPROVEMENT DISTRICT: (\$5.00 per occupied taxable room per night for full service lodging businesses) (\$2.20 per occupied taxable room per night for limited service lodging businesses)	
9	IF DELINQUENT ADD PENALTY: (10% for first month)	
10	ADDITIONAL PENALTY: (If not paid after 30 days a second delinquency penalty of 10% of the amount of the assessment in addition to the amount of the assessment and the ten percent (10%) penalty first imposed)	
11	ADDITIONAL PENALTY: (If not paid after 60 days an additional interest at the rate of one percent (1%) per month or fraction thereof on the amount of the assessment, exclusive of penalties, from the date on which the assessment first became delinquent, until paid)	
12	TOTAL TOURISM IMPROVEMENT DISTRICT (Total of lines 5 through 8)	\$

10 TOTAL T.O.T. + TOURISM IMPROVEMENT DISTRICT (Total of lines 7 & 12) \$

SIGNATURE AND DATE

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 TRUE, CORRECT AND COMPLETE STATEMENT MADE IN GOOD
FAITH FOR THE PERIOD STATED IN COMPLIANCE WITH THE PROVISIONS OF THE SALINAS MUNICIPAL CODE

SIGNATURE: _____ DATE: _____