

**CITY OF HURON
FINANCE DEPARTMENT
CITY HALL P. O. BOX 339
HURON, CA 93234-0339
Phone (559) 945-3020**

**XXXXXX TRANSIENT OCCUPANCY TAX
ORDINANCE NO. 94 § 1, 1964**

Be sure this form is filled in completely and correctly.
Report delinquent thirty (30) days after close of period.

XXXXXXXXXX

Period Covered: 10/1/13 TO 12/31/13

-
- | | |
|--|----------|
| 1. Gross rent for occupancy of rooms
(Less: allowable deductions) | \$ _____ |
| 2. Rent for occupancy by permanent residents
(One who occupies or has right of occupancy
at least (30) consecutive days) | \$ _____ |
| 3. Rent for occupancy where charge is less than
\$ 2 per day. | _____ |
| 4. Rent covered by government agency with
Exemption Certificates | _____ |
| 5. Total allowable deductions:
(Sum of lines 2+3+4) | _____ |
| 6. Taxable rents (Line 1 minus Line 5) | _____ |
| 7. Transient Occupancy Tax (Line 6 X 10%) | _____ |
| 8. Total tax due | _____ |
-

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

Signed _____ Title _____
Dated this _____ day of _____ 20____

Original: Return original w/payment