

City of Alameda

TRANSIENT OCCUPANCY TAX RETURN

Name of Hotel	Address	Phone Number
Number of Rooms		Period Ending**
1.	Gross Rent for Occupancy of Rooms	\$ _____
DEDUCTIONS / EXEMPTIONS:		
2.	Rent for Occupancy By Non-Transient	\$ _____
2a.	Rent for Occupancy by Exempt*	\$ _____
3.	TOTAL DEDUCTIONS / EXEMPTIONS:	\$ _____
4.	Taxable Rents: Line 1 minus Line 3	\$ _____
5.	Tax 10% Of Line 4	\$ _____
6.	Penalty for Late Payment: 10% (If not paid within 30 days from period ending shown above**)	\$ _____
7.	Interest	\$ _____
8.	Total Tax and Penalty	\$ _____

I DECLARE UNDER PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENT HEREIN ARE TRUE AND CORRECT.

Signature _____

DATE: _____

MAKE CHECK PAYABLE TO: CITY OF ALAMEDA
2263 Santa Clara Ave Rm 220
Alameda, CA 94501

* Exemption forms and documents to be retained by the operator and to be made available to the City staff and agents for audit or review.