



TRANSIENT OCCUPANCY TAX RETURN

City of Rialto
Business Licensing Division
150 South Palm Avenue
Rialto, CA 92376

RETURN FOR CALENDAR QTR. ENDING:	MONTH	YEAR
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Note: Delinquent if not mailed within 30 days from end of period

NAME OF HOTEL/PROPERTY MGMT. _____

A. TOTAL POTENTIAL OCCUPANCY _____
(Number of rental units times number of days in month)

B. TOTAL ROOMS OCCUPIED _____
(Monthly sum of daily occupied rental units)

C. PERCENTAGE OF ROOMS OCCUPIED IN MONTH _____
(Line B divided by Line A)

D. AVERAGE DAILY RATE \$ _____
(Line 1. divided by Line B)

E. REVENUE PER AVAILABLE ROOM (REVPAR) \$ _____
(Line 1. divided by Line A)

1. GROSS RECEIPTS FROM OCCUPANCY OF ROOMS \$ _____

2. LESS GROSS RECEIPTS FROM MONTHLY RENTALS \$ _____

3. LESS TRANSIENT EXEMPTIONS CLAIMED - \$ _____
(Officers or employees of the U.S., Government, State of California, California Counties, Municipalities, and Special Districts while on Official Business)

4. TOTAL EQUALS TAXABLE TRANSIENT RENTS \$ _____
(Total of Above)

5. TOTAL TRANSIENT OCCUPANCY TAX COLLECTED \$ _____
(9% of Line 4)

6. ADJUSTMENTS OF PRIOR REPORTS FOR TRANSIENTS WHO COMPLETED 31 CONSECUTIVE DAYS OF OCCUPANCY TO QUALIFY AS NON-TRANSIENT RESIDENTS.
RENTAL RECEIPTS PREVIOUSLY REPORTED AS TRANSIENTS \$ _____ X 9% \$ _____

7. NET TAX \$ _____
(Line 5 minus Line 6)

8. PENALTY \$ _____
(10% of Line 5 if more than 30 days past due)

9. INTEREST CHARGE (1/2% OF LINE 5 PER MONTH) \$ _____
(From Delinquent Date)

10. TOTAL AMOUNT DUE \$ _____
(Lines 5,6,7,8 & 9)

11. 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 a complete statement made in good faith for the period stated, in compliance with the provisions of the Rialto Municipal Code.

SIGNATURE _____ **DATE** _____