



TRANSIENT OCCUPANCY TAX

OFFICE USE ONLY:

TAX YEAR:

QUARTER:

Checks payable to:

City of Rialto

Mail to:

Business License Division
150 S. Palm Avenue
Rialto, CA 92376
(909) 820-2525
Email: CITYBL@RIALTOCA.GOV

Quarter	Months	Due
1	Jan/Feb/March	April 1st
2	April/May/June	July 1st
3	July/Aug/Sept	October 1st
4	Oct/Nov/Dec	January 1st

BUSINESS INFORMATION

BUSINESS NAME/PROPERTY MGMT:
BUSINESS ADDRESS:

TRANSIENT OCCUPANCY TAX INFORMATION

1. GROSS RECEIPTS FROM OCCUPANCY OF ROOMS.....		\$	_____
2. LESS GROSS RECEIPTS FROM MONTHLY RENTALS.....		\$	_____
3. LESS TRANSIENT EXEMPTIONS CLAIMED.....		\$	_____
<small>(Officers or employees of the U.S., Government, State of California, California Counties, Municipalities, and Special Districts while on Official Business)</small>			
4. TOTAL EQUALS TAXABLE TRANSIENT RENTS.....	(Subtract Line 2 & Line 3 from Line 1)	\$	_____
5. TOTAL TRANSIENT OCCUPANCY TAX COLLECTED.....	(Line 4 multiply by 9%)	\$	_____
6. ADJUSTMENTS OF PRIOR REPORTS FOR TRANSIENTS WHO COMPLETED 31 CONSECUTIVE DAYS OF OCCUPANCY TO QUALIFY AS NON-TRANSIENT RESIDENTS.....			
		\$	_____ x 9% = \$ _____
<small>(RENTAL RECEIPTS PREVIOUSLY REPORTED AS TRANSIENTS)</small>			
7. NET TAX.....	(Subtract Line 6 from Line 5)	\$	_____
8. PENALTY.....	(10% of Line 5 if more than 30 days past due)	\$	_____
9. INTEREST CHARGE (.5 % OF LINE 5 PER MONTH).....	(From Delinquent date)	\$	_____
10. TOTAL AMOUNT DUE.....	(Add lines 7, 8, & 9)	\$	_____

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