



CITY OF PITTSBURG, CALIFORNIA

65 Civic Avenue, Pittsburg, CA 94565

(925) 252-4918

TRANSIENT OCCUPANCY TAX RETURN

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

QUARTER/YEAR REPORTED: _____

***** COMPUTATION OF TAX *****

1. GROSS RECEIPTS FROM OCCUPANCY OF ROOMS	_____	
2. LESS: ALLOWABLE DEDUCTIONS		
a) Occupancy over 30 days	_____	
<i>(amount from Listing of Occupancies Over 30 Days - FORM MUST BE ENCLOSED)</i>		
b) Federal Government Agencies	_____	
c) Other <i>(attach supporting documentation)</i>	_____	
3. TOTAL ALLOWABLE DEDUCTIONS		-
4. TAXABLE RENTS (Line 1 less Line 3)		-
5. TOTAL TAX DUE (10% OF Line 4)		-
6. PENALTIES AND INTEREST		
a) Late Filing Penalty	_____	
<i>(10% of the total tax due for failure to file on or before the due date)</i>		
b) Delinquent Penalty	_____	
<i>(additional 10% on tax amount and the 10% penalty first imposed for failure to file on or before a period of 30 days following the due date)</i>		
c) Interest	_____	
<i>(1% per month or fraction thereof on the tax amount, exclusive of penalties, from the date on which remittance first became delinquent until paid)</i>		
7. TOTAL PENALTIES AND INTEREST (Line 6, a, b, & c)		-
8. TOTAL TAX, PENALTIES AND INTEREST DUE		-
	\$	-

Remit Payments to: **City of Pittsburg**
65 Civic Avenue
Pittsburg, CA 94565
ATTN: Margie Padua/Finance Dept

I certify and declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge

PRINT NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____



CITY OF PITTSBURG, CALIFORNIA TRANSIENT OCCUPANCY TAX EXEMPTIONS

LISTING FOR OCCUPANCIES OVER 30 DAY

This form is to be used if claiming multiple tax exemptions for persons occupying rooms for more than 30 days and **must be remitted with the quarterly Transient Occupancy Tax Return with the City.**

NOTE: The Total Exemption Amount on this form must equal the Allowable Deductions for Occupancy over 30 days claimed amount on the Transient Occupancy Tax Return.

BUSINESS NAME: _____

QUARTER/YEAR REPORTED: _____

	<i>Guest Name</i>	<i>Dates of Occupancy</i>		<i># of Exempt Days</i>	<i>Avg. Daily Room Rate</i>	<i>Exemption Amount</i>
		<i>From</i>	<i>To</i>			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
TOTAL EXEMPTION AMOUNT						\$ -
<small>(Enter on Line 2a of the Quarterly Tax Return)</small>						

I certify and declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Signature of Owner/Agent: _____ DATE: _____



CITY OF PITTSBURG, CALIFORNIA TRANSIENT OCCUPANCY TAX EXEMPTION FORM

Check appropriate box for the reason of exemption:

- (1) State or Federal Government Employee on official business
- (2) Foreign Government Employee (who is exempt by reason of express provision of federal law or international treaty)
- (3) Any person as to whom, or any occupancy as to which, it is beyond the power of the City to impose the tax herein provided
- (4) Guest stays of over 30 days *

TO BE COMPLETED BY OCCUPANT

Name of Occupant (print): _____

Address: _____

Agency/Organization: _____ Phone #: _____

Address of Home Office: _____

Date(s) of Occupancy: (from) _____ (to) _____ # of days: _____

Room No: _____ Room Rate (\$): _____ Total Rent Charged (\$): _____

***Guest stays of over 30 days**

Occupant of a hotel is a transient and therefore subject to the tax for the first 30 days, unless there is a written agreement in writing between the hotel's operator and the transient providing for a stay of more than 30 days. By completing and signing this form it constitutes a written agreement with the operator and must be completed within the first 30 days of the person's occupancy (exclusionary period begins when this agreement is signed). In the event that the occupant does not stay beyond thirty (30) consecutive days, occupant is liable to pay for the transient occupancy tax upon check out.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS FORM IS TRUE AND CORRECT.

Name of occupant claiming exemption (print): _____

Signature: _____ Date: _____

TO BE COMPLETED BY HOTEL OPERATOR

Validated by (print) : _____ Signature: _____ Date: _____

NOTE: A separate exemption form must be filled for each occupied room subject to rental for which the exemption is requested. Proof of satisfactory credentials must be presented and validated upon guest registration. Retain a copy of the exemption form and all supporting documents with your records.