CITY OF SOUTH SAN FRANCISCO

TRANSIENT OCCUPANCY TAX

MONTHLY TAX RETURN

Hotel: _____

1. **Reporting Period**: Enter the month and year for which this Tax Return is filed. .. . . ._____ 1.

2. **Number of physical rooms available for occupancy**. . .. . ._____ 2.

Transient Occupancy Tax Computation

3. **Gross Rent**: The total amount received during the reporting period from the occupancy of all rooms. . . . .$_____ 3.

4. **Deduction**: Enter the amount from line 4 of the Exemption Summary. . . . . $_____ 4.

5. **Net Taxable Rent**: Subtract the amount on line 4 from the amount on line 3. . . . .$_____ 5.

6. **Transient Occupancy Tax**: Multiply the amount on line 5 by 0.14. . . . . $_____ **6.**

Summary

7. **Late Penalty**: . . . . $_____ 7.
    The Due Date for the remittance of the Total Tax is on or before the last day of the month following the month in which the tax
    is collected. Postmarks are not acceptable. If the Total Tax is received after the Due Date, a Penalty in the amount of 10 percent
    of the amount on line 6 is incurred. If payment is not received more than 30 days after the Due Date, an additional Penalty of
    10 percent, for a total Penalty of 20 percent, is incurred. Calculate the appropriate Penalty and enter the amount on line 7.

8. **Interest on Late Payment**: . . . . $_____ 8.
    If the Total Tax is received after the Due Date, Interest is due at the rate of 1 percent for each month or fraction thereof on the
    amount of the tax for the period of delinquency. Calculate the appropriate Interest and enter the amount on line 8.

9. **GRAND TOTAL FOR TRANSIENT OCCUPANCY TAX**: . . . . $_____ 9.
    Add the amounts on lines 6, 7, and 8. Enter the result on line 9. Make check payable to the **City of South San Francisco** for
    TOT. Mail the check and this return to:
    Finance Department Attn: TOT/CCT, P.O. Box 711, South San Francisco, CA 94083.

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are true and correct.

_____   _____   _____
Name and Title   Signature   Date

The Monthly Tax Return is due with payment on or before the last day of the month following the end of the reporting period.

Postmarks not accepted.