CITY OF SANTA MONICA
TRANSIENT OCCUPANCY TAX RETURN

For the period ending _____

Please Remit To:
Revenue Division
1717 4th Street, Suite 150
Santa Monica, CA 90401
(310) 458-8741

Name of Establishment

_____

Address _____

_____

Name of Owner

_____

Address _____

_____

Computation of Tax:

1. Total Gross Room Rental Receipts ..... $ _____
2. Allowable Deductions:
   (submit forms, where appropriate)
   a) Permanent Residents ..... $ _____
   b) Permanent Residents (refund of prior month) ..... $ _____
   c) Federal, State of California, or City of Santa Monica
   Employee on Official Business ..... $ _____
   d) Other (please attach explanation) ..... $ _____

TOTAL DEDUCTIONS $ _____

3. Taxable Rental Receipts (Line 1 – Line 2) ..... $ _____
4. Transient Occupancy Tax Due (14% of Line 3) ..... $ _____
5. Penalties (see below) ..... $ _____
6. **TOTAL TAXES AND PENALTIES DUE** (Line 4 + Line 5:
   payment due on first day after end of reporting period;
   make check payable to City of Santa Monica) ..... $ _____

AVERAGE OCCUPANCY RATE for Period: _____%

I certify, under penalties of perjury and misdemeanor, that, to the best of my knowledge and belief, the statements herein are true and correct.

_____	_____	_____	_____
Signature	Title	Phone Number	Date

1. Penalty of 10% will be assessed if payment not received by last day of month in which remittance is due.
2. Additional 10% penalty assessed if tax is unpaid for additional 30 days.

OFFICIAL USE: Date Rec'd _____ Check Number _____

(TOTRTNFM Rev. 12/2004)