



# CITY OF SANTA MONICA TRANSIENT OCCUPANCY TAX RETURN

For the period ending \_\_\_\_\_

Please Remit To:  
Revenue Division  
PO BOX 2200  
Santa Monica, CA 90407  
(310) 458-8741

**Name of Establishment**

**Name of Owner**

\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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 \_\_\_\_\_