



TRANSIENT OCCUPANCY TAX RETURN and TOURISM MANAGEMENT DISTRICT ASSESSMENT

For the MONTH ending _____

Name of Establishment _____

Name of Owner _____

Address: _____

Address: _____

City, ST, Zip: _____

City, ST, Zip: _____

AVERAGE OCCUPANCY RATE for the Month: _____ %

Computation of TOT Tax:

- | | | |
|---|----------|-----------------|
| 1. Total Gross Room Rental Receipts | | \$ _____ |
| 2. Allowable Deductions: <i>(include appropriate forms)</i> | | |
| 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. Applicable Penalties (see below)..... | | \$ _____ |
| 6. TOTAL TOT TAXES AND PENALTIES DUE (Line 4 + Line 5)..... | | \$ _____ |

Computation of TMD Assessment: *(if applicable)*

- | | | |
|---|----------|-----------------|
| 7. Occupied Room Nights <i>(excluding complimentary rooms)</i> | | _____ |
| 8. Assessment per Room Night <i>(per previously determined calculation)</i> | \$ _____ | |
| 9. Assessment Amount (Line 7 X Line 8)..... | | \$ _____ |
| 10. Allowable Deductions (include appropriate documentation) | | |
| a) Stays longer than 30 days..... | \$ _____ | |
| b) Contracts signed prior to January 1, 2013..... | \$ _____ | |
| c) Any room paid for in full prior to January 1, 2013..... | \$ _____ | |
| TOTAL DEDUCTIONS: | | \$ _____ |
| 11. Applicable Penalties (see below)..... | | \$ _____ |
| 12. TOTAL TMD ASSESSMENT AND PENALTIES DUE (Lines 9 - 10 + 11)..... | | \$ _____ |

13. TOTAL AMOUNT DUE (Line 6 + Line 12)..... **\$ _____**

Payment is due on the first day after the end of the reporting period.
Make checks payable to **City of Santa Monica** and remit to:

City of Santa Monica
Treasury
Po Box 2200
Santa Monica, CA 90407

PENALTIES

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

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 _____