



# Transient Occupancy Tax Return

(For Operators of 5 or more rental units)

**Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Quarterly Filings are required unless you have been directed by the City's Finance Director to file on a monthly basis.

Quarterly Filing:	7/1-9/30	<input type="checkbox"/>
(Please select Quarter)	10/1-12/31	<input type="checkbox"/>
	1/1-3/31	<input type="checkbox"/>
	4/1-6/30	<input type="checkbox"/>

OR

Monthly Filing:	_____
	(Please enter Month/Year)
Please Note: If you have been directed to file on a monthly basis, you MAY NOT submit a quarterly return	

(Note: Both Monthly & Quarterly Returns are delinquent if not mailed within 30 days from end of period)

**A. Total Number of Rooms Available for Rent**

(Number of rooms x number of days in quarter)

\_\_\_\_\_

**B. Total Number of Rooms Occupied**

(Number of occupied rooms in quarter)

\_\_\_\_\_

**C. Percentage of Rooms Occupied**

(Line B / Line A)

\_\_\_\_\_

1. <u>Total</u> Receipts from Room Rental**		\$	_____
2. Less : Receipts from Non-Transient Residents Not Subject to Tax		\$	_____
3. Less : Other Exemptions		\$	_____
4. Taxable Receipts (Line 1 Minus Lines 2 and 3)		\$	_____
5. City of Arcata TOT (10% of line 4)		\$	_____
6. Penalty (10% of line 5 if past due, 20% if more than 30 days past due)		\$	_____
7. Interest Charge (0.5% of line 5 per month delinquent)		\$	_____
8. Amount Due to the City of Arcata (Sum of lines 5, 6,7)	Code 414	\$	_____
9. Humboldt County Tourism BID Assessment (2% of line 4)		\$	_____
10. Penalty (10% of line 9 if past due, 20% if more than 30 days past due)		\$	_____
11. Interest Charge (0.5% of line 9 per month delinquent)		\$	_____
12. Amount Due Humboldt County Tourism BID (Sum of lines 9, 10, 11)	Code 417	\$	_____
13. <b>Total Amount Due</b> (line 8 plus line 12)		\$	_____

I declare under penalty of making a false declaration that I am authorized to make this statement and that to the best of my knowledge and belief it is true, correct and a complete statement made in good faith for the period stated, in compliance with the provisions of the City of Arcata municipal code.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Prior to completing this form, please review the TOT Return Instructions, available on the City's website.

\*\*Include long-term and other exempt receipts if no transient occupancy tax was collected. Include supporting documentation for all exemptions claimed.