City of West Sacramento

TAX RETURN

Transient Occupancy Tax

Pursuant to Municipal Code Chapter 3.28

Mail to:
City of West Sacramento
P. O. Box 986
West Sacramento, CA 95691-0986

Certificate No.

Period:
Due Date:

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1. Total number of rooms _____ Total number of rooms available for rent _____
2. Total receipts from room rentals; sequential receipt numbers from _____ to _____ $_____
3. Exemptions for rooms occupied more than 30 days (attach exemption forms) $_____
4. Taxable receipts (line 2 less line 3) $_____
5. Amount of tax due (**12%** of line 4) $_____
6. Penalties: 10% of amount of tax due (line 5) if paid within 30 days of delinquent date; 20% of amount of tax (line 5) due if paid more than 30 days after delinquent date $_____
7. Interest: 1% of amount of tax due (line 5) for each month after delinquency date $_____

Total (Tax + Penalties + Interest) $_____

CERTIFICATION: I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signed _____

Title _____

Email _____

Date _____

Return this form with remittance.