

COUNTY OF TRINITY
TRANSIENT OCCUPANCY TAX RETURN
Pursuant to Trinity County Code Chapter 3.28

Mail
Trinity County Treasurer-Tax Collector
P.O. Box 1297

Weaverville, CA 96093-1297
(530) 623-1251

Account ID: _____
Account Number: _____
SubAccountNo: _____
Quarter Close : _____
Due Date: _____

Business Name: _____

Address : _____

- | | | |
|----|--|--------------|
| 1. | Gross RV Space receipts (excluding Occupancy Tax) | \$ _____ |
| 2. | Gross Campground receipts (excluding Occupancy Tax) | \$ _____ |
| 3. | Gross Room Rental receipts (excluding Occupancy Tax) | \$ _____ |
| 4. | Total Gross receipts (lines 1 + 2 + 3) | \$ _____ |
| 5. | Less- receipts for rooms or spaces occupied more than 30 consecutive calendar days.
of rooms or spaces rented on a monthly basis: # _____ | \$ (_____) |
| 6. | NET TAXABLE RECEIPTS (line 4 - 5) | \$ _____ |
| 7. | TAX DUE: (Tax rate currently 5.00 % or (.05 x line 6) | \$ _____ |

The due date is on or before the last day of the month following the close of the calendar quarter. If the due date falls on a Saturday, Sunday or legal holiday, the time of delinquency is 4 P.M. on the next business day. A payment shall be timely filed if post marked on the due date, or personally delivered to the Tax Collector's office by 4 p.m on said day. A payment or return not filed by the due date shall be deemed delinquent and subject to penalties.

8. PENALTIES: If paid after the Due Date. See Due Date above.
- | | | |
|----|---|----------|
| a. | 10% (.10 x line 7) | \$ _____ |
| b. | Additional 10% (line 7 + line 8a x .10)
if 30 days from delinquent date. | \$ _____ |
9. INTEREST: Interest is compounded monthly at the rate of 1/2 of 1 %
per month for each month or fraction of month.
(.005 x line 7 plus interest for each month or fraction. \$ _____
10. TOTAL TAX, PENALTIES AND INTEREST: \$ _____
(add lines 7 + 8a + 8b + 9)

A return must be filed, even if there are no receipts to report this quarter.

Returns and Payments are due immediately upon cessation of business for any reason. Please complete entire form. Incomplete forms may be returned to you and delinquent penalties may apply. Please contact this office if you have any questions regarding this form or the county code.

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

Signed By: _____
Signature Title Phone Date

Return this completed form with check or money order

Status: