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

Mail completed form to:
Trinity County Treasurer-Tax Collector
P.O. Box 1297
Weaverville, CA 96093-1297
(530) 623-1251

Attn: William & Josephine Dunham
Route 2 Box 460
Trinity Center, CA 96091

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>Total receipts for RV spaces, Campsites, Tent Site, etc.</td>
</tr>
<tr>
<td>2.</td>
<td>Total receipts for Room Rentals (Hotel, Motel, Cabin or Room)</td>
</tr>
<tr>
<td>3.</td>
<td>Total receipts for House Rentals (Vacation Rentals, Fishing Cabins, etc)</td>
</tr>
<tr>
<td>4.</td>
<td>TOTAL RECEIPTS from RENTALS (Lines 1, plus Line 2, plus Line 3)</td>
</tr>
<tr>
<td>5.</td>
<td>Receipts for rooms or spaces over 30 Day Occupancy</td>
</tr>
<tr>
<td>6.</td>
<td>Rents Facilitated through Airbnb</td>
</tr>
<tr>
<td>7.</td>
<td>TOTAL Authorized Deductions (Line 5, plus Line 6)</td>
</tr>
<tr>
<td>8.</td>
<td>TOTAL TAXABLE RECEIPTS (Line 4, minus Line 7)</td>
</tr>
<tr>
<td>9.</td>
<td>TRANSIENT OCCUPANCY TAX DUE: (Multiply Line 8 by 5%)</td>
</tr>
</tbody>
</table>

MAKE CHECKS PAYABLE TO: TRINITY COUNTY TAX COLLECTOR

--------------------------If Delinquent Continue Below-----------------------------------
RETURN IS DELINQUENT AFTER ONE MONTH FROM CLOSE OF PERIOD

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<table>
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<tr>
<td>10.</td>
<td>Penalty for Delinquency-After Due Date (Multiply Line 9 by 10%) (Add for the first month after delinquent)</td>
</tr>
<tr>
<td>11.</td>
<td>Interest Due @ .5% (Add for each additional month or fraction thereof)</td>
</tr>
<tr>
<td>12.</td>
<td>Delinquency-More than 30 Days (Multiply Line 9 by 10%)</td>
</tr>
<tr>
<td>13.</td>
<td>TOTAL TAX, PENALTIES AND INTEREST:</td>
</tr>
</tbody>
</table>

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 hereby declare, under penalty of making a false statement, that to the best of my knowledge and belief, the statements herein are true and correct.

Signed By:

Signature                      Title                      Phone                      Date

Status: C

Return this completed form with payment
Trinity County Treasurer-Tax Collector
P.O. Box 1297
Weaverville, CA 96093-1297
(530) 623-1251

Attn: William & Josephine Dunham
Route 2 Box 460
Trinity Center, CA 96091

1. Total receipts for RV spaces, Campsites, Tent Site, etc. $ ________________
2. Total receipts for Room Rentals (Hotel, Motel, Cabin or Room) $ ________________
3. Total Receipts for House Rentals (Vacation Rentals, Fishing Cabins, etc) $ ________________
4. TOTAL RECEIPTS from RENTALS (Lines 1, plus Line 2, plus Line 3) $ ________________
5. Receipts for rooms or spaces over 30 Day Occupancy $ (__________________________)
6. Rents Facilitated through Airbnb $ (__________________________)
7. TOTAL Authorized Deductions (Line 5, plus Line 6) $ (__________________________)
8. TOTAL TAXABLE RECEIPTS (Line 4, minus Line 7) $ ________________
9. TRANSIENT OCCUPANCY TAX DUE: (Multiply Line 8 by 5%) $ ________________

MAKE CHECKS PAYABLE TO: TRINITY COUNTY TAX COLLECTOR
-------------------------------If Delinquent Continue Below-------------------------------
RETURN IS DELINQUENT AFTER ONE MONTH FROM CLOSE OF PERIOD

10. Penalty for Delinquency-After Due Date (Multiply Line 9 by 10%) $ ________________
(Add for the first month after delinquent)
11. Interest Due @ .5% (Add for each additional month or fraction thereof) $ ________________
12. Delinquency-More than 30 Days (Multiply Line 9 by 10%) $ ________________
13. TOTAL TAX, PENALTIES AND INTEREST: $ ________________

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 hereby declare, under penalty of making a false statement, that to the best of my knowledge and belief, the statements herein are true and correct.

Signed By: ____________________________
Signature                    Title             Phone            Date

Keep this copy for your records

Status: C