



TRANSIENT OCCUPANCY TAX RETURN

City of Solvang • 1644 Oak Street • Solvang, CA 93463 • (805) 688-5575

MONTHLY REPORT: **MONTH** **YEAR**

Note: Delinquent if not received by 5:00pm the last day of the month following the close of the reporting month.

NAME OF HOTEL _____

- A. TOTAL ROOMS AVAILABLE FOR RENT.....
(NUMBER OF ROOMS X NUMBER OF DAYS IN MONTH)
- B. TOTAL ROOMS OCCUPIED.....
(MONTHLY SUM OF DAILY OCCUPIED ROOMS)
- C. SYVTBID FEE: TOTAL ROOMS OCCUPIED _____ x \$3.00
(Tourism Business Improvement District assessment rates are \$3.00 per occupied room night)
- D. PERCENTAGE OF ROOMS OCCUPIED IN MONTH.....
(LINE B/LINE A)

1. GROSS RECEIPTS FROM OCCUPANCY OF ROOMS...\$ _____

ADJUSTMENTS TO GROSS RENT

(SUPPORTING DOCUMENTATION MUST ACCOMPANY THIS FORM)
i.e.: TOT FORMS: Exempt, 30 – Day, and Gov’t

- 2. **A. Taxable amount on Comp Rooms.....\$** _____
B. # of Non-Taxable Comp Rooms..... _____
(ATTACH FORM TOT- Exempt) Memo Only
- C. LESS NON- TRANSIENT EXEMPTIONS CLAIMED \$** (_____)
(ATTACH FORM TOT- 30 - Day)
- D. GOVERNMENT EMPLOYEE EXEMPTION.....** (_____)
(ATTACH FORM TOT- Gov’t)
- E. TOTAL ADJUSTMENTS TO GROSS RENT..... \$** _____
(A+C+D)
- 3. **TOTAL TAXABLE RENT.....\$** _____
(LINE 1- line 2E)
- 4. **TOTAL TOT COLLECTED.....\$** _____
(12% OF LINE 3)
- 5. **SYVTBID FEE (taken from calculation above)..... \$** _____
- 6. **PENALTY.....\$** _____
(10% OF LINE 4 IF NOT PAID BY DUE DATE)
- 7. **ADDITIONAL PENALTY.....\$** _____
(10% OF LINE 4 IF MORE THAN 30 DAYS PAST DUE)
- 8. **INTEREST CHARGE.....\$** _____
(1.5% OF LINE 4 PER MONTH FROM DELIQUENT DATE)
- 9. **TOTAL AMOUNT DUE..... \$** _____
(LINES 4, 5, 6, 7& 8)

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 SOLVANG CITY CODE.

SIGNATURE: _____ **DATE:** _____
EMAIL: _____ **PHONE:** _____