

# TAX RETURN

## CITY OF RED BLUFF

555 Washington St.  
RED BLUFF, CALIFORNIA 96080  
TRANSIENT OCCUPANCY TAX



Name of Business \_\_\_\_\_ Number of Rooms \_\_\_\_\_  
Address \_\_\_\_\_ Number of Spaces \_\_\_\_\_

For Period of \_\_\_\_\_ through \_\_\_\_\_

1. Total Receipts from Room Rentals \$ \_\_\_\_\_  
2. Total Receipts from Space Rentals \_\_\_\_\_  
3. TOTAL RECEIPTS \$ \_\_\_\_\_

Exemptions:

4. Rooms and Spaces occupied more than 30 days \$ \_\_\_\_\_  
5. Bad Debts from previous period \_\_\_\_\_  
6. TOTAL EXEMPTIONS \$ \_\_\_\_\_

7. TAXABLE RECEIPTS (Item 3 less Item 6) \$ \_\_\_\_\_

8. Amount of Tax Due: 10% of Item 7 \$ \_\_\_\_\_

9. Interest \$ \_\_\_\_\_ Penalty \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

### CERTIFICATE

I Hereby Certify, That I have examined this report and that the statements made and the figures shown herein and in any accompanying schedules are to the best of my knowledge and belief a true and complete return, made in good faith for the period stated.

DO NOT  
FAIL TO  
SIGN HERE (SIGNED) \_\_\_\_\_

TITLE \_\_\_\_\_  
Owner, Partner, Agent or Officer if Corporation, Trustee, etc.

DATE \_\_\_\_\_

### NOTICE

The tax will be delinquent if not paid on or before the last day of the month following the month in which due.

A penalty of 10% will be added after delinquent date and an additional penalty of 10% will be added if delinquent more than thirty days.