



# 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.....\$** \_\_\_\_\_  
(14% 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:** \_\_\_\_\_