



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 N/A 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:** _____