



CITY OF RIO VISTA

Transient Occupancy Tax

Remittance Form

NAME OF BUSINESS _____ NO. OF ROOMS _____

ADDRESS _____

MAILING ADDRESS _____

PHONE NUMBER _____ CONTACT PERSON _____

PERIOD: FROM _____ TO _____

1. Total Receipts from Room Rentals \$ _____

EXEMPTIONS

2. Rooms Occupied more than Thirty Days \$ _____
(Proof must be submitted if Exemptions are Taken)

3. Taxable Receipts (Line 1 less Line 2) \$ _____

4. Amount of Tax Due (10% of Line 3) \$ _____

5. Penalty (10% of Line 4) \$ _____
(if payment is not received within 30 days of month after quarter ends)

6. Total Due \$ _____

I HEREBY DECLARE UNDER PENALTY OF PERJURY, THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS HEREIN ARE TRUE AND CORRECT

SIGNED: _____ DATE: _____

TITLE: _____

Make Checks or Money Order Payable to the City of Rio Vista and mail to City Hall, P.O. Box. 745, Rio Vista, Ca. 94571