



# 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 \_\_\_\_\_

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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 \$ \_\_\_\_\_

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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