

CITY OF RIO VISTA

TRANSIENT OCCUPANCY HOTEL-MOTEL TAX

NAME OF BUSINESS _____ # OF ROOMS _____

ADDRESS _____

MAILING ADDRESS _____

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 (8% of Line 3) \$ _____

5. Penalty (10% of Line 4 if Payment is Received
After 10th of the Month) \$ _____

6. Total Due \$ _____

NOTICE – This tax will be delinquent if not paid on/or before the 10th day of the succeeding quarter in which said tax is collected.

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 check or money order payable to the CITY OF RIO VISTA and mail to City Hall, P. O. Box 745, Rio Vista, CA 94571.