



Please send completed Tax Return with Payment to :

CITY OF OAKLAND
REVENUE DIVISION
150 Frank H Ogawa Plaza, Suite 5342
Oakland, California 94612



If this is your final month's return, check here and provide the effective date (month, day, year) in which you discontinued operation of the hotel/motel listed below: _____

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RETURN OF TRANSIENT OCCUPANCY TAX FOR THE PERIOD ENDING: _____
Must be completed by the hotel Administrator

- MONTHLY** If your annual gross rents* are \$100,000 +
- QUARTERLY** If your annual gross rents* are between \$5,000 and \$99,999
- ANNUALLY** If your annual gross rents* are under \$5,000

Business Name: _____ **Account Number:** _____
Business Address: _____

Frequency is assigned by City Staff. Any change from Monthly must be approved.

<u>IF MONTHLY</u> On or before the 10th day following each calendar month	<u>IF QUARTERLY</u> On or before the last day of the month following close of each calendar quarter	<u>IF ANNUALLY</u> On or before January 31st for previous calendar year
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- 1. Gross rent for occupancy of rooms (round to nearest dollar) * \$ _____
- 2. Rent for occupancy by non-transient residents and/or TOT exemptions (round to nearest dollar) \$ _____
- 3. Taxable rents (line 1 minus line 2) \$ _____
- 4. Tax: 14% of line 3 \$ _____
- 5. Credit (If previously approved by this office) \$ _____
- 6. Net tax (line 4 minus line 5) \$ _____
- 7. Penalty - 25% for late payment \$ _____
- 8. Interest - 1% of tax plus penalty per month, for late payment, until paid \$ _____
- 9. Adjusted amount due (add lines 6 through 8): \$ _____
- 9. Payment enclosed: \$ _____

Note: A separate return must be filed for each reporting period and each business location.

Please make check payable to: "**City of Oakland – Transient Occupancy Tax**"

Mail original completed return with payment to the above address and make a copy for your records. DO NOT change any of the pre-printed information on this Transient Occupancy Tax Declaration.

A payment is considered delinquent if both the payment and subsequent Transient Occupancy Return are not BOTH received on or before the due date.

I declare under penalty of perjury that to the best of my knowledge all information contained in this statement is true and correct.

Signed: _____ **Title:** _____ **Date:** _____

* Gross rent includes the total of Transient **plus** Residential (non-transient) income.

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