



CITY OF EMERYVILLE

1333 Park Avenue

Emeryville, CA 94608

(510) 596-4325

Transient Occupancy Tax Return

Returns due by the end of the month following the period of TOT Return

Hotel Information:

Hotel Name: _____

Hotel Address: _____

Telephone No.: () _____ Fax No.: () _____ Email: _____

Number of Rooms: _____ Period: From _____ to _____

Details of Exemptions: (Please attach additional exemption details on a separate page if necessary)

Company Name	Total Room Nights	Gross Rent	Check-In Date	Check-Out Date	Type*
	Total:	Total:			

Tax Calculations:

1. Gross Rent for Occupancy of Rooms	\$
2. Less exemptions (detailed above)	\$
3. Taxable Rent (Line 1 less Line 2)	\$
4. Tax (12% of Line 3)	\$
5. Penalty for Late Payment	\$
6. Interest	\$
7. Total Tax, Penalty and Interest	\$

I declare, under penalty of perjury, that to the best of my knowledge and belief, the statements herein are true and correct.

Signature: _____ **Date:** _____

Name: _____ **Telephone No.:** () _____

Title: _____

*Code for Exemption Types:

- a. Permanent Resident, after 30 days.
- b. Foreign Diplomat with U.S. State Department Identification

Additional Data:

Room Nights Available Per Month	Room Nights Rented	Average Room Rate (Gross Rents divided by Room Nights Rented)	REVPAR (Gross Rents divided by Room Nights Available)

Please Remit to:
City of Emeryville
Attention: Finance Division
1333 Park Avenue
Emeryville, CA 94608-3517