



CITY OF CALIMESA TRANSIENT OCCUPANCY TAX RETURN

Certificate No.

You are required to make this return and pay the tax pursuant to the City of Calimesa's Ordinance 90-11. This return, accompanied by your remittance and exemption claims, must be filed with the Finance Department of the City of Calimesa.

Business Name: _____

Owner/Manager: _____

Mailing Address: _____

City, State & Zip: _____

Reporting Period: Please select the reporting month

Year:

Monthly: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

****(Monthly reports are due on or before the last day of each calendar month following the close of the reporting calendar month) Please note the penalty schedule below for late payments.**

1	Gross Rent for Occupancy of Rooms		\$
2	Over 30 day Occupancy Exemption	\$ ()	
3	Foreign & Federal Govt Exemptions	\$ ()	
4	Total Exemptions and Adjustments (Add lines 2 + 3)		\$
5	Taxable Rents (Subtract line 4 from line 1)		\$
6	Tax (10% of line 5)		\$
7	PENALTY: 1-30 days late (additional 10% of line 6)		\$
8	PENALTY: Over 30 days late (additional 10% of line 6)		\$
9	Interest (Amount on Line 6 x .015 x Number of months late)		\$
10	Total Tax Due: (Add line 6 through line 9)		\$

I declare, under penalty of perjury, that the information contained herein is true and correct to the best of my knowledge.

Signature

Title

Phone

Date

Please provide supporting documents for any exemption claims and return this form with your check payable to the City of Calimesa. Mail your tax return to City of Calimesa, ATTN: Finance Dept, 908 Park Ave., Calimesa, CA 92320. Retain a copy for your records.