



**CITY OF ENCINITAS**  
505 South Vulcan Avenue, Encinitas, CA 92024  
Office (760) 633-2640  
Fax (760) 633-2879

**TRANSIENT OCCUPANCY TAX REPORT**

**MONTH OF \_\_\_\_\_, 20\_\_\_\_**

\_\_\_\_\_  
Name of Hotel/Motel

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Contact Person

**AMOUNT**

1	Gross Rents Collected	\$	_____	
2	Add: Value of Complimentary rooms	+	\$	_____
3	Total Gross Rents (line 1 plus line 2)	=	\$	_____
4	Less: Allowable Exemptions			
	4a Government	+	\$	_____
	4b Long Term Occupant	+	\$	_____
	4c Subtotal	-	\$	_____
5	Taxable Rents (line 3 less line 4c)	=	\$	_____
6	Current Month Tax (10% of line 5)	\$	_____	
7	Less: Exemption Refunds (attach signed claim forms)	-	\$	_____
8	<b>TRANSIENT OCCUPANCY TAX DUE</b> (line 6 less line 7)	=	\$	_____
9	<b>ADD PENALTIES</b> (if necessary) <b>(based on line 8):</b>			
	Assess 10% if not paid in the following month, <b>OR</b>	+	\$	_____
	Assess 20% (total) if not paid within 30 days thereafter	+	\$	_____
10	<b>ADD INTEREST</b> (if necessary) <b>(based on line 8):</b>			
	Assess 0.5% for each month or fraction thereof delinquent	+	\$	_____
	<b>TOTAL AMOUNT DUE</b> (lines 8+9+10)	=	\$	_____

**OCCUPANCY CALCULATION**

1	Total Rooms Available	_____	4	Number of Rooms Rented	_____
2	Number of Days in Month	_____		(see line 3 above)	
3	Total Room Days Available	_____	5	Occupancy Rate (%)	_____
	(line 1 times line 2)			(line 4 divided by line 3) X 100	

I am the authorized representative of the above business, and I declare that the information provided above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**FOR OFFICE USE ONLY**



**DATE RECEIVED**

\_\_\_\_\_  
Processed by: \_\_\_\_\_ Date

\_\_\_\_\_  
Check Number \_\_\_\_\_ Amount

\_\_\_\_\_  
FHOTEL

\_\_\_\_\_  
Cashier Code