CITY OF BURLINGAME

Transient Occupancy Tax Return

1 Hotel	2. Certificate number
3 Address	4. Number of rooms
	5. Occupancy rate

6 Period from _____ 20 through _____ 20

Note: A tax return and payment is due immediately upon cessation of business, sale of property or change of operators/management company.

7 Total charges levied for room rental			
EXEMPTIONS			
8 Rooms occupied more than thirty days by the same individuals in the same room or approved Gov't			
9 Bad debts (attach documentation)			
10 **TOTAL EXEMPTIONS** (line 8 + line 9)			
11 TAXABLE RECEIPTS (line 7 less line 10)			
12 **TAX DUE** (12% of line 11)			
13 Interest _____	+ Penalty _____		
	14 **TOTAL**(line 12 + line 13)		

15 CERTIFICATE

I declare under penalty of perjury that I have examined this report and that the statements made and figures shown herein and in any accompanying schedules are, to the best of my knowledge and belief, a true and complete return, made in good faith for the period stated.

SIGNATURE _____ TITLE _____

DATE _____

NOTICE

The Tax will be deliquent if not received by the city or postmarked on or before the last day of the month following the month in which due. Mailed payments must be sent by certified mail.

PENALTY

5% Penalty for payments made after the last day of the month following

5% Additional penalty for each 15 days the payment is not made

1% Interest per month or fraction thereof, exclusive of penalties, from date of delinquency.

Mail originals to: City Treasurer, City Hall, 501 Primrose Road, Burlingame, CA 94010

650-558-7215

101-30500

Keep a copy for your records