City of San Juan Bautista
Short Term Rental Transient Occupancy Tax (TOT) Return

For the Month ending_____

Short Term Rental Permit Number _____

Owner Name: _____

Mailing Address: _____

Residence Address _____

Telephone Number(s) _____ Email Address: _____

Short Term Rental Address: _____

Assessor Parcel Number_____-_____-_____

Hosting Platform(s) Where Listed

_____

STR RENTAL GUEST STAY RECORD (ATTACH ADDITIONAL PAGE IF NEEDED)

Rental Dates For Each Stay	**number of bedrooms rented* each stay: (maximum of 5)**	**number of persons each stay: (maximum of 10)**	**Total rent each stay**	**Tax each stay: rent x .12 = tax**

Make check for tax payable to: City of San Juan Bautista; PO Box 1420; San Juan Bautista, CA. 95045

Note Carefully:

1. You are required to file this return each month pursuant to San Juan Bautista Municipal Code Sec 3-4-220
2. This return accompanied by remittance for taxes imposed must be received on or before the 5th day following the last day of the month.
3. A penalty of 10% shall be added to the taxes not paid within the required time. Continued delinquency will result in additional penalties of 10% of balance due each month. Interest shall also be added at the rate of 1% per month or fraction thereof on the amount of the tax due, in addition to the penalties, from the date on which the remittance first became delinquent until paid.
4. The short-term rental owner shall keep records pertaining to the TOT for a period of three (3) years. The City of San Juan Bautista City Manager or designee may conduct an audit at any reasonable time. (SJBMC **3-4-240)**

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

Owner Signature:_____ Date:_____

Form 09/21/21