



# City of Hermosa Beach

Civic Center, 1315 Valley Drive, Hermosa Beach, CA 90254-3885

## RETURN OF TRANSIENT OCCUPANCY TAX

NAME OF BUSINESS ESTABLISHMENT \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REPORTING PERIOD: \_\_\_\_\_

A. Enter gross rental receipts ..... A. \$ \_\_\_\_\_

**Allowable Deductions**

B. Non-transient occupants (31 consecutive days or more)  
**Copies of forms required with payment to city.** ..... B. \$ \_\_\_\_\_

C. Federal, state or foreign government officer/employee  
**Copies of forms required with payment to city.** ..... C. \$ \_\_\_\_\_

D. Enter total of lines "b" and "c" ..... D. \$ \_\_\_\_\_

E. Total taxable rental receipts (line "a" minus line "d") ..... E. \$ \_\_\_\_\_

F. Transient occupancy tax (14% of line "e") ..... F. \$ \_\_\_\_\_

G. Penalty for late payment (if applicable – see HBMC 3.32.080)  
**Payment due on or before the last day of the month following the end of each calendar month.**  
**(First delinquency penalty is 10% of tax; continued delinquency after 30 days of due date is a second 10% of the tax, plus the first penalty imposed, plus the tax)** ..... G. \$ \_\_\_\_\_

H. Interest (if applicable– see HBMC 3.32.080)  
**(.5% of tax per month or fraction thereof, from date first delinquent)**..... H. \$ \_\_\_\_\_

**I. Total tax, penalties, and interest (add lines "f, g & h")** ..... I. \$ \_\_\_\_\_

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

\_\_\_\_\_

**SIGNATURE/TITLE**

\_\_\_\_\_

**DATE**

Please make check or money order payable to "City of Hermosa Beach" and mail or deliver to: Finance Director/Tax Administrator, Room 201, 1315 Valley Drive, Hermosa Beach, CA 90254.

**Change of ownership, disposal or suspension of business must be reported immediately to the Finance Director/Tax Administrator at the above address or call (310) 318-0225.**

**OCCUPANCY RATE:**

Number of actual room occupancies during month (hotel records) a. \_\_\_\_\_

Total number of rooms b. \_\_\_\_\_

Number of days in month c. \_\_\_\_\_

Total room occupancies possible during month (b times c) d. \_\_\_\_\_

Occupancy rate (a ÷ d) e. \_\_\_\_\_ %

**THIS RETURN IS SUBJECT TO AUDIT.**