



Transient Occupancy Tax Monthly Report

For the month of : _____

Business Name : _____

Mailing Address: _____

Contact Person: _____ City, State, Zip

Name _____ Phone Number _____

Rental location street address: _____

(If you are reporting for more than one rental location, complete the reverse side or supply similar listing.)

1.) Total room rental receipts from all the Capitola locations (1)

2.) Deductions: a.) Permanent Residents (2a)

b.) Other (_____) (2b)

3.) Total deductions (Add lines 2a and 2b) (3) < >

4.) Taxable rental receipts (Subtract line 3 from line 1.) (4)

5.) Transient occupancy tax due to the City of Capitola (Multiply line 4 by 10%) (5)

6.) Penalties - DO NOT complete this section unless your payment is remitted after the due date (typically the 10th of each month)

b.) First Penalty: 10% of the tax due:
 If payment is made after the 10th multiply line 5 by 10%. (6b)

c.) Second Penalty: 10% of the tax due:
 If payment is more than 30 days late multiply line 5 by 10%. (6c)

7.) Interest - DO NOT complete this section unless your payment is remitted after the due date (typically the 10th of each month)

a.) Number of days past due (7a) []

b.) Fraction of month past due: divide line 7a by 30 (7b) []

c.) Interest: pro-rated 1.5% per month
 > Multiply line 5 x line 7b x 1.5% (7c)

8.) Total penalties and interest (Add lines 6b + 6c + 7c) (8)

9.) TOTAL DUE CITY OF CAPITOLA (Add line 5 and line 8) (9)

This form and any amounts due must be received or postmarked by the 10th of the month for the prior monthly period. If the 10th falls on a weekend or Holiday, the due date will be the next business day. You must complete and return this form for each month, whether or not any activity occurred. Please make your check payable to **CITY OF CAPITOLA**.

Under penalties of perjury, I declare that I am authorized to submit this application and that I have examined this return and, to the best of my knowledge and belief, it is true, accurate and complete and in accordance with Section 3.32 of the Capitola Municipal code.

Preparer's name (please print) _____ Title _____ Signature _____ Date _____

