CITY OF
Fremont

MAIL TO: CITY OF FREMONT
Revenue Division
P.O. Box 5006
Fremont, CA 94537
(510) 494-4790

TRANSIENT OCCUPANCY TAX RETURN

Tax Period:_____ No. of Rooms:_____

Percent of Occupancy:_____%

MAKE CHECKS PAYABLE TO:
CITY OF FREMONT

INSTRUCTIONS

1. FORM MUST BE FILLED OUT COMPLETELY AND CORRECTLY
2. PENALTIES FOR DELINQUENCY: Return is delinquent after one (1) calendar month from close of tax period. Penalty is 10% of tax due PLUS INTEREST at 1% of tax due per month or fraction thereof from delinquency date.
3. CHANGE OF MAILING ADDRESS must be filed and reported immediately to the Revenue and Taxation Division.
4. IF BUSINESS IS CLOSED, SOLD OR SUSPENDED: Final return must be filed immediately at the Revenue Division, and the tax must be paid. No change of ownership can be recorded until this is done.
5. CHECKS, DRAFTS, CASHIERS CHECKS & MONEY ORDERS in the exact amount of the tax due are accepted by the Revenue Division only as agent of the Taxpayer and do not constitute payment until cleared. The Revenue Division assumes no responsibility for loss in transit.
6. REMITTANCE: Avoid penalty, be sure proper remittance is enclosed and is mailed prior to the end of one (1) calendar month after the end of the tax period.

1.	GROSS RENT FOR OCCUPANCY OF ROOMS LESS ALLOWABLE DEDUCTIONS:		$_____
2.	Rent for occupancy by permanent residents (one who occupies or has right of occupancy longer than 30 consecutive days).	$_____	
3.	Rent covered by Government Agency Exemption Certificate.	$_____	
4.	TOTAL ALLOW ABLE DEDUCTIONS: Lines 2 + 3		$_____
5.	TAXABLE RENTS: Line 1 minus Line 4		$_____
6.	TAX: 10% of Line 5		$_____
7.	PENALTY: 10% per month of total tax due (max. penalty, 50%) PLUS INTEREST: 1% per month of total tax due until paid		$_____
8.	TOTAL TAX, PENALTY & INTEREST: Line 6 + 7		$_____
9.	CREDIT OR DEBIT from prior return:		$_____
10.	TOTAL TAX DUE:		$_____

I DECLARE UNDER PENALTY OF MAKING A FALSE STATEMENT THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS HEREIN ARE CORRECT AND TRUE.

Signed_____ Title_____