



Deliver Completed Form To:
 FINANCE DEPARTMENT
 CITY OF SHASTA LAKE
 4477 MAIN STREET
 PO BOX 777
 SHASTA LAKE CA 96019

**City of Shasta Lake
 Transient Occupancy Tax
 Shasta Lake Municipal Code 3.20 & 17.88.275**

PERMIT NUMBER: _____
OWNER NAME: _____
BUSINESS NAME: _____
BUSINESS ADDRESS: _____

TAX PERIOD: (Enter tax year and Quarter Reported: Quarter 1 Jan-Mar; Quarter 2 April-June; Quarter 3 July-Sept; Quarter 4 Oct-Dec)
Tax Year: _____ **Quarter:** _____ **Days Late:** _____ Enter number of days late. (ex: 20)

SECTION I: REPORTING TOTAL RECEIPTS		(WHOLE DOLLARS ONLY)	
1	TOTAL RECEIPTS - (Room charges, NOT including Transient Occupancy Tax collected)		
2	EXEMPTION - NON TRANSIENT		
3	EXEMPTION - OTHER AUTHORIZED		
4	TOTAL AUTHORIZED EXEMPTIONS (Line 2 plus Line 3)		
5	TOTAL TAXABLE RECEIPTS (Line 1 minus Line 4)		

SECTION II: TRANSIENT OCCUPANCY TAX (TOT)		Rate	TOT
6	TRANSIENT OCCUPANCY TAX DUE (10% of Line 5)	10.0%	
7	PENALTY FOR DELINQUENCY (First 30 days @10% of line 6)	10.0%	
8	PENALTY FOR DELINQUENCY (Over 30 days - Additional 10% of line 6)	10.0%	
9	INTEREST DUE @ 1.5% PER MONTH of Line 6	1.5%	
10	TOTAL PENALTY AND INTERST (Line 7 plus Line 8 plus Line 9)		
11	TOTAL AMOUNT DUE (Line 6 plus Line 10)		

SEE REVERSE SIDE FOR INSTRUCTIONS AND ADDITIONAL INFORMATION

<i>I hereby certify, that I have examined the above report and that the statements made and the amounts shown thereon and in any accompanying schedule constitute, to the best of my knowledge and belief, a true and complete return, made in good faith for the period stated.</i>		DO NOT WRITE IN THIS SECTION
PRINT NAME:		
SIGNATURE:		
DATE:		
CONTACT PHONE NUMBER:		
CONTACT EMAIL:		

Please respond to the following questions. Your response is not mandatory; however, it will assist us in doing a better job of marketing lodging properties in Shasta Lake. The information you provide will be held in strict confidence. Thank you.

1) Total number of rooms available for daily occupancy for the month: (Rooms available per night times the number of days in a quarter.) _____

2) Total number of room nights occupied during the quarter: _____

INSTRUCTIONS FOR COMPLETING THE TRANSIENT OCCUPANCY TAX/TOURISM MARKETING ASSESSMENT RETURN:

Quarterly tax: Due on or before:

March	April 30
June	July 30
September	October 30
December	January 30

A tax form must be filled out for each quarter. Separate quarters cannot be combined on one form.

Short-Term Rental Permit Number - as assigned (example: ST-xxxx)

Business Name – same as business license

Business Address – Physical location

Tax Period:

Tax Year – Calendar Year for tax, example: 2020; **Quarter** – State reporting quarter.

Days Late - Number of days after the due date, (*Example: For March receipts (due April 30th) filing on May 10 would mean you are 10 days late, therefore enter 10*)

Section I: Reporting Total Receipts

Report the following to the **NEAREST WHOLE DOLLAR**, indicating total receipts (excluding tax) during the reporting period.

Line 1 Enter total amount of receipts from all rentals

Line 2 Enter total amount claimed as an exemption for continuous room occupancy by the same tenants for a period of more than thirty (30) consecutive days. (Municipal Code Section 17.88.275).

Line 3 Enter total amount claimed as other authorized exemptions. (Municipal Code Section 3.20.030)

Total TOT Due: Pay this total. Please make payment out to the City of Shasta Lake

GENERAL INFORMATION

The Transient Occupancy Tax and the Tourism Marketing Assessment will be delinquent if not paid or postmarked **on or before the 30th day of the month in which due.**

Proper use of this form will insure accurate recording to your account. If you have any questions concerning the preparation of this form, please contact the City of Shasta Lake Finance Division at the address shown on the front or call (530) 275-7415.

Records pertaining to preparation of this form must be kept for a period of three years and may be subject to audit. (Municipal Code Section 3.20.100).

Please notify the City of Shasta Lake Finance Division in the event of any change of ownership.

*******EVEN IF THERE IS NO TAX OWING A RETURN MUST BE FILED WITH THE CITY**