



City of Nevada City

TRANSIENT OCCUPANCY TAX RETURN

Name of Hotel/Motel/Bed & Breakfast: _____

Name of Hosted Short-Term Rental: _____

Address: _____

Report for Quarter/Month Ending: _____

1. Total rent received for transient occupancy	\$ _____
2. Less rent exempted by government certificates	\$ _____
3. Taxable rent (Line 1 minus Line 2)	\$ _____
4. Amount of Tax (10% of Line 3)	\$ _____
5. Penalty for late payment (10% of Line 4) (Tax becomes delinquent if not paid within calendar month following end of reporting period.)	\$ _____
6. Additional 10% penalty for late payment (Due on 31st day following date tax first became delinquent)	\$ _____
7. Interest (Due on 31st day after tax became delinquent. Add 1/2 of 1% per month, or fraction thereof, on amount of tax from date of delinquency.)	\$ _____
8. TOTAL TAX	\$ _____

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Date

Signature

Attach check payable to:

CITY OF NEVADA CITY
317 BROAD STREET, NEVADA CITY, CA 95959