



Transient Occupancy Tax Monthly Report

For the month of : _____

Business Name : _____

Mailing Address: _____
City, State, Zip

Contact Person: _____
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.) Penalty & Interest (if any): DO NOT complete this section unless your payment is remitted after the due dates stated below.

a.) Number of days past due (6a) []

b.) Penalty: 10% of the tax due: 1st month past due: multiply line 5 by [10%] . (6b)
 2nd month past due: multiply line 5 by [10%] . (6b)

c.) Interest: 1.5% of the tax due per month or fraction thereof past due
 > Multiply line 5 by line 6a by [1.5%] (6c)

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

8.) TOTAL DUE CITY OF CAPITOLA (Add line 5 and line 7) (8)

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 _____