

# Santa Cruz County Tourism Marketing District Assessment Submittal Form

(Note: This is a countywide assessment, not a city tax)

For the month of :	_____		
<b>Business Name :</b>	_____		
Mailing Address:	_____		
		City, State, Zip	
Contact Person:	_____		
	Name	Phone Number	
<b>Rental location street address:</b>	_____		

### TRANSIENT OCCUPANCY ASSESSMENT CALCULATIONS

1.) Total number of occupied room nights:	(1)	.	
2.) Less Exceptions:	(2)	.	>
3.) Total Room Nights Assessed (Subtract line 2 from line 1)	(3)	.	
<b>6-29 units = \$1.00 per occupied unit per night</b> <b>30+ units = \$1.50 per occupied unit per night</b>			
4.) Total Assessment due:	(4)	.	

### PENALTY AND INTEREST CALCULATIONS

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: <u>10%</u> of the tax due:	(6b)	.	
1st month past due: multiply line 4 by [10%]	(6b)	.	
2nd month past due: multiply line 4 by [10%]	(6b)	.	
c.) Interest: <u>1.5%</u> of the tax due per month or fraction thereof past due			
> Multiply line 4 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)	.	
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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.

Preparer's name (please print)	Title	Signature	Date
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