



Transient Occupancy Tax Return

Business: _____

Address: _____

Quarterly Filings are required unless you have been directed by the City's Finance Director to file on a monthly basis.

Quarterly Filing:	7/1-9/30	<input type="checkbox"/>
(Please select Quarter)	10/1-12/31	<input type="checkbox"/>
	1/1-3/31	<input type="checkbox"/>
	4/1-6/30	<input type="checkbox"/>

OR

Monthly Filing:	_____
	(Please enter Month/Year)
Please Note: If you have been directed to file on a monthly basis, you MAY NOT submit a quarterly return	

(Note: Both Monthly & Quarterly Returns are delinquent if not mailed within 30 days from end of period)

- A. Total Number of Rooms Available for Rent** _____
(Number of rooms x number of days in quarter)
- B. Total Number of Rooms Occupied** _____
(Number of occupied rooms in quarter)
- C. Percentage of Rooms Occupied** _____ %
(Line B / Line A)

- 1. Total Receipts from Room Rental** \$ _____
- 2. Less : Receipts from Non-Transient Residents Not Subject to Tax \$ _____
- 3. Less : Other Exemptions \$ _____
- 4. Taxable Receipts (Line 1 Minus Lines 2 and 3) \$ _____

- 5. City of Arcata TOT (10% of line 4) \$ _____
- 6. Penalty (10% of line 5 if past due, 20% if more than 30 days past due) \$ _____
- 7. Interest Charge (0.5% of line 5 per month delinquent) \$ _____
- 8. Amount Due to the City of Arcata (Sum of lines 5, 6,7) Code 414 \$ _____

- 9. Humboldt County Tourism BID Assessment (2% of line 4) \$ _____
- 10. Penalty (10% of line 9 if past due, 20% if more than 30 days past due) \$ _____
- 11. Interest Charge (0.5% of line 9 per month delinquent) \$ _____
- 12. Amount Due Humboldt County Tourism BID (Sum of lines 9, 10, 11) Code 417 \$ _____

- 13. **Total Amount Due** (line 8 plus line 12) \$ _____

I declare under penalty of making a false declaration that I am authorized to make this statement and that to the best of my knowledge and belief it is true, correct and a complete statement made in good faith for the period stated, in compliance with the provisions of the City of Arcata municipal code.

Signature: _____

Date: _____

*Prior to completing this form, please review the TOT Return Instructions, available on the City's website.

**Include long-term and other exempt receipts if no transient occupancy tax was collected. Include supporting documentation for all exemptions claimed.