



Transient Occupancy Tax Return

(For Short-Stay Vacation Rental Units)

Business:**Address:**

Quarterly Filings are required unless you have been directed by the City's Finance Director to file on a monthly basis. **All rental units must be filed separately.**

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:	<input type="text"/>
(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 Units Available for Rent

(number of units multiplied by number of days in quarter)

B. Total Number of Night Stays

(Number of night stays in quarter)

C. Percentage of Units Occupied

(Line B divided by Line A)

1. <u>Total</u> Receipts from Room Rental**	\$
2. <u>Less</u> : Receipts from Non-Transient Residents Not Subject to Tax	\$
3. <u>Less</u> : 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

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.