



# City of Camarillo

601 Carmen Drive • P.O. Box 37 • Camarillo, CA 93011-0037

REPORT ON TRANSIENT OCCUPANCY TAX MONTH ENDED \_\_\_\_\_

**NOTICE** – The tax will be delinquent if the report, tax payment and, if applicable, exemption forms are not received by the City on or before the 15<sup>th</sup> day of the month in which due. Penalties and interest will be assessed from the 1<sup>st</sup> day of delinquency. **Postmarks are not accepted as payment date.**

Company Completing Report \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Name of Motel/Hotel \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

1. <b>GROSS RENT</b> for Occupancy of Rooms	\$	
2. Allowable <b>EXEMPTIONS</b> :		
a) Rent for occupancies of 31 days or more	\$	
b) Military and Government exemptions (see Ordinance)	\$	
3. <b>LESS TOTAL EXEMPTIONS:</b> (Line 2a + Line 2b)	\$	
4. <b>TAXABLE RENTS:</b> (Line 1 minus Line 3)	\$	
5. <b>TAX 9%:</b> (Line 4 times .09)		\$
6. <b>ASSESSMENTS</b> :		
a) VCWTBID 2% (Line 1 minus Line 3) x 2.0% =	\$	
b) CTMD 2% (Line 1 minus Line 3) x 2.0% =	\$	
7. <b>TOTAL ASSESSMENTS:</b> (Line 6a + Line 6b)		\$
8. <b>PENALTIES:</b> 10% of Line 5 and Line 7, if paid within 15 days after delinquent date; additional 10% of Line 5 and Line 7, for each month thereafter.		\$
9. <b>SUBTOTAL:</b> (Line 5 + Line 7 + Line 8)		\$
10. <b>INTEREST</b> if payment is delinquent: (.000274 x Line 9) X number of days past due date through and including date payment received).	\$	<b>X</b>
11. <b>TOTAL INTEREST DUE:</b>		
12. <b>TOTAL TAX, PENALTY, ASSESSMENTS &amp; INTEREST:</b> (Lines 9 + 11)		\$

**OCCUPANCY CALCULATION**

1. Total rooms in motel: \_\_\_\_\_
2. Number of days in month: \_\_\_\_\_
3. Total room days available:  
(Line 1 X Line 2) \_\_\_\_\_
4. Number of room days rented: \_\_\_\_\_
5. Occupancy Rate (%):  
(Line 4 divided by Line 3) x 100 \_\_\_\_\_

**DECLARATION**

I declare under penalty of making a false statement that to the best of my knowledge and belief, the statements herein are correct and true.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_