



COUNTY OF LAKE

Department of the Treasurer - Tax Collector

Courthouse - 255 N. Forbes Street
Lakeport, California 95453
Telephone 707/263-2234
Fax 707/263-2254

PATRICK M. SULLIVAN
Treasurer - Tax Collector

ELIZABETH MARTINEZ
Assistant Treasurer – Tax Collector

TRANSIENT OCCUPANCY TAX & TOURISM IMPROVEMENT DISTRICT RETURN

ESTABLISHMENT: _____ CERTIFICATE # _____

MAIL ADDRESS: _____ PERIOD: _____

CITY/STATE/ZIP: _____

INSTRUCTIONS

If there is no tax, a return must still be filed quarterly with the tax collector. An envelope is enclosed for your convenience.

Return is delinquent the 30th day of the month following the close of the reporting period. Change of address or ownership must be reported immediately to the tax collector. Upon cessation of business for any reason, returns and payments are due immediately to the tax collector.

Remittance checks should be payable to: The County of Lake

Checks, drafts, postal notes and money orders/in the exact amount of tax due, are accepted by the tax collector subject to collections and do not constitute payment until cleared. Tax collector assumes no responsibility for loss in transit or delay in deposit. The cancelled check becomes the receipt. No receipt will be mailed by the tax collector unless a demand for same is made at the time of payment.

1	GROSS RENT FOR OCCUPANCY OF ROOMS/CAMPGROUNDS	\$
2	RENT FOR OCCUPANCY FOR 30 CONSECUTIVE DAYS OR MORE	\$
3	TAXABLE RENTS: LINE 1 MINUS LINE 2	\$
4	TRANSIENT OCCUPANCY TAX: 9% OF LINE 3	\$
5	TOURISM IMPROVEMENT DISTRICT ASSESSMENT: 1.5% OF LINE 3	\$
6	TOTAL TAX & ASSESSMENT: LINES 4 + 5	\$
7	PENALTY: 10% OF LINE 6 IF PAID WITHIN 30 DAYS AFTER DELINQUENT DATE: 20% OF LINE 6 IF PAID MORE THAN 30 DAYS AFTER DELINQUENT DATE.	\$
8	INTEREST: 1/2% OF LINE 6 FOR EACH MONTH OR FRACTION OF MONTH AFTER DELINQUENT DATE.(NUMBER OF MONTHS: ___)	\$
9	TOTAL TAX/ASSESSMENT/PENALTY/AND INTEREST: LINES 6 + 7 + 8	\$

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 _____

TITLE _____ DATE _____