

CITY OF BISHOP

TAX RETURN HOTEL TRANSIENT OCCUPANCY TAX

Pursuant To Chapter 3.20 Municipal Code Book

Name of Business _____

Address _____

Period from _____ to _____ Quarterly
 Monthly

1. Total Receipts from Room Rentals \$ _____

EXEMPTIONS

2. Rooms occupied more than thirty days \$ _____

3. Other Exemption _____ \$ _____

4. **TAXABLE EXEMPTION** (Line 3) _____ \$ _____

5. **TAXABLE RECEIPTS** (Item 1 less Item 4) \$ _____

6. Amount of Tax Due 12% of Item 5 \$ _____

7. Interest \$ _____ Penalty \$ _____

TOTAL \$ _____

CERTIFICATE

I certify (or declare) under penalty of perjury that the foregoing is true and correct.



DO NOT Signed _____

FAIL TO

SIGN

Title _____

HERE

Owner, Partner, Agent/Officer if Corporation, Trustee, etc.

Date _____

NOTICE

The tax will be delinquent if not paid on or before the last day of the month in which due.

A penalty of 10% will be added after delinquent date, plus interest of one-half of 1% per month, or fraction thereof on the amount of tax.

WHITE ORIGINAL
To be returned to Tax Collector

Mail to:
City of Bishop
P.O. Box 1236
Bishop, CA 93515

MAKE COPY FOR
YOUR RECORDS