



City of West Sacramento
TAX RETURN
Transient Occupancy Tax
Pursuant to Municipal Code Chapter 3.28

Mail to:
City of West Sacramento
1110 West Capitol Ave., 1st Floor
West Sacramento, CA 95691-0986

[_____]

Certificate No.

[_____]

Period:
Due Date:

-
1. Total number of rooms _____ Total number of rooms available for rent _____
 2. Total receipts from room rentals; sequential receipt numbers from _____ to _____ \$ _____
 3. Exemptions for rooms occupied more than 30 days (attach exemption forms) \$ _____
 4. Taxable receipts (line 2 less line 3) \$ _____
 5. Amount of tax due (**12%** of line 4) \$ _____
 6. Penalties: 10% of amount of tax due (line 5) if paid within 30 days of delinquent date; 20% of amount of tax (line 5) due if paid more than 30 days after delinquent date \$ _____
 7. Interest: 1% of amount of tax due (line 5) for each month after delinquency date \$ _____
- Total (Tax + Penalties + Interest)** \$ _____

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

Signed _____
Print Name & Title _____
Email _____
Date _____

Return this form with remittance.