

CITY OF AUBURN
Licensing - Revenue Office
1225 Lincoln Way, Room 1
Auburn, CA 95603
(530) 823-4211 Extension 114

TRANSIENT OCCUPANCY TAX RETURN

Report for the Period _____ through _____ 20____

Name of Motel/Hotel _____

Location of Motel/Hotel _____

A. Total transient rents charged and received	\$ _____
B. Amount of tax collected for transient occupancies (should be 8% of A.)	\$ _____
C. Penalty for failure to remit the tax within 30 days after the above period (10% of tax reported on line B.)	\$ _____
D. Penalty for failure to remit the tax within 60 days after the above period (10% of tax reported on line B.)	\$ _____
E. Interest charges for failure to remit any tax Collected: 1/2 % per month on the amount of Line B	\$ _____
 TOTAL AMOUNT DUE (B+C+D+E) \$ _____	

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 a true, correct and complete statement made in good faith for the period stated, in compliance with the provisions of Auburn Ordinance No. 33.192.

Signature of Operator (or Agent) _____

Title _____ Phone # _____ Date _____

Check here if you need more report forms:

RECEIPT # _____