



City of Nevada City

TRANSIENT OCCUPANCY TAX RETURN

Hotel / Motel / Bed & Breakfast / Hosted Short-Term Rentals/Campgrounds
Name: _____

Address: _____

Report for Quarter/Month Ending: _____
(circle)

- 1. Total rent received for transient occupancy \$ _____
- 2. Less rent exempted by government officials \$ _____
- 3. Taxable rent (Line1 minus Line 2) \$ _____
- 4. Amount of Tax (10% of Line 3) \$ _____
- 5. Penalty for late payment (10% of Line 4)
**(Tax becomes delinquent if not paid within
calendar month following end of reporting
period.)** \$ _____
- 6. Additional 10% penalty for late payment
**(Due on 31st day following date tax first
became delinquent.)** \$ _____
- 7. Interest \$ _____
**(Due on 31st day after tax became delinquent.
Add 1/2 of 1% per month, or fraction thereof,
on amount of tax from date of delinquency)**
- 8. **TOTAL TAX** \$ _____

I declare under penalty of perjury that the forgoing is true and correct to the best of my knowledge and belief.

Signature

Date

Check made payable to: CITY OF NEVADA CITY