



**DEPARTMENT OF FINANCE
TREASURER-TAX COLLECTOR
COUNTY OF MONO**

P.O. BOX 495, BRIDGEPORT, CALIFORNIA 93517
(760) 932-5480 • FAX (760) 932-5481

Name of Business: _____

Address: _____

City, State, Zip: _____

**TRANSIENT OCCUPANCY TAX RETURN
FISCAL YR
QUARTER COVERING:**

**FILE BY:
DELINQUENT:**

- 1. Total rent charged for occupancies of rooms, campground sites, and R.V. sites: _____
- 2. Allowable deductions: Permanent Residents _____
- 3. Federal Exemptions: _____
- 4. Taxable rent (Line 1 minus Lines 2 & 3): _____
- 5. Total tax due (12% of line 4): _____
- 6. Penalty 1st month (15% of line 5): _____
- 7. Penalty 2nd month (15% of line 5 plus line 6): _____
- 8. Interest: (1.5% of line 5 X each month late): _____
- 9. Total amount due and payable (Total of lines 5+6+7+8): _____

TOTAL NUMBER OF ROOMS, RV SPACES, AND CAMPSITES AVAILABLE _____

AVERAGE RENTAL RATE _____

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

Signature: _____ Print Name: _____

Title: _____ Phone Number: _____

YOUR CHECK MUST ACCOMPANY THIS RETURN
If you are a new owner or have any questions regarding this return, please call (760) 932-5480
NOTICE-PENALTY PROVISIONS:

THE TAX IS DELINQUENT IF NOT REPORTED AND PAID ON OR BEFORE THE LAST DAY OF THE MONTH IN WHICH DUE, POSTMARKS ACCEPTED. A 15% PENALTY WILL BE ADDED ON THE DATE OF DELINQUENCY AND AN ADDITIONAL PENALTY OF 15% WILL BE APPLIED TO THE TAX AND 1ST PENALTY IF DELINQUENT MORE THAN THIRTY DAYS. INTEREST ACCRUES AT 1.5% PER MONTH OR FRACTION THEREOF ON THE AMOUNT OF THE TAX, EXCLUSIVE OF PENALTIES, FROM THE DATE ON WHICH THE REMITTANCE FIRST BECAME DELINQUENT UNTIL PAID.

**A RETURN AND PAYMENT IS DUE IMMEDIATELY UPON CESSATION OF BUSINESS
EVEN IF THERE IS NO TAX OWING, A RETURN MUST BE FILED WITH THE TAX COLLECTOR**