

City of San Jose

Hotel Business Improvement District Fee Remittance Form

Reporting Period: Please circle the reporting month or quarter									Year:				
	Monthly:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	g Sep	Oct	Nov	Dec
	Quarterly:		First (Jan-Mar)	Secon	d (Apr-Ju	n) [Γhird (Jul-S	Sep)	Fourth (Oc	t-Dec)		
2764 your Tax:		San Jose C nption cla	ity Coundims, must	cil on Janu t be filed v	ary 24, 2 vith the I	2006 and a	is effe f Fina	ective as of ance in the s	Februa same m	ary 26, 2006 nanner as the	o. This for City's	orm, acco	mpanied by
	thly: on or before rterly: on or before												
	ne of Hotel or Mo			•		Addr		•		•			
1	Total number of	occupied	rooms fo	r the repor	ting peri	iod							
2	Total number of	otal number of occupied rooms for 30 or more consecutive days										()
3	Total number of	Total number of occupied rooms by Foreign and/or Federal Government employees on official business										()
4	Previous month/	Previous month/quarter adjustments										()
5	Total exemption	Total exemptions and adjustments (Add 2+3+4)										()
6	Total number of occupied rooms subject to HBID fee (Subtract line 5 from line 1)												
7	Hotel Business Improvement District Fee: (Special Fund) Multiply line 6 by (*)											\$	
> >	Zone A: \$2.00 pe Zone B: \$1.00 pe Zone C: \$0.75 pe	er occupied	d room pe d room pe	er night for	r hotels/r hotels/r	motels loc	ated v	within one-	mile ra	dius of the s miles from	SJMCC SJMCC		
8	Penalty: 1-30 Da	ays Late (1	0% of lin	ne 7)								\$	
9	Penalty: Over 30	enalty: Over 30 days late (additional 10% of line 7)										\$	
10		(Number of days past due X .0004931507X [Sum of Line 7 + Line 8])											
11	Interest: If remit	ted more t	han 30 da	ays after d	ue date								
	(Number of days past 30 days X .0004931507 X [Sum of Line 7 + Line 8 + Line 9])												
12	Total Due: (Ad	d line 7 th	rough li	ne 11)								\$	
l dec	lare, under penalty	y of perjur	y, that the	e informat	ion conta	ained here	ein is t	rue and coi	rect to	the best of	my know	vledge.	
Signature Title								Date					
	ne Numbers					dress							
your	se provide supports form to City of Sa in a photocopy for	ın Jose, Tr	easury D										