

City of San Jose

Transient Occupancy Tax Return

Reporting Period: Please circle the reporting month or quarter

Year:

Monthly: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
Quarterly: First (Jan-Mar) Second (Apr-Jun) Third (Jul-Sep) Fourth (Oct-Dec)

You are required to make this return and pay the tax pursuant to San Jose Municipal Code Sections 4.72 & 4.74. This return, accompanied by your remittance and exemption claims, must be filed with the Director of Finance:

Monthly: on or before the last day of each calendar month following the close of the reporting calendar month.

Quarterly: on or before the last day of the month following the close of the reporting calendar quarter.

	Name of Hotel or Motel:	Address
1	Gross Rent for Occupancy of Rooms	\$
2	Over 30 days Occupancy Exemption	\$ ()
3	Foreign and Federal Government Exemptions	\$ ()
4	Previous Month/Quarter Adjustments *	\$ ()
5	Total Exemptions and Adjustments (Add 2+3+4)	\$ ()
6	Taxable Rents (Subtract line 5 from line 1)	\$
7	Rent from State	\$
8	Tax: (General Fund) 10% of line 7	\$ 0.00
9	Tax: (General Fund) 4% of line 6	\$
10	Tax: (Total General Fund) Add line 8 and line 9	\$
11	Tax: (Special Fund) 6% of line 6	\$
12	Subtotal: Add line 10 and line 11	\$
13	Penalty: 1-30 Days Late (10% of line 12)	\$
14	Penalty: Over 30 days late (additional 10% of line 12)	\$
15	Interest: If remitted within 30 days from due date (Number of Days past due X .0004931507 X [Sum of Line 12 + Line 13])	\$
16	Interest: If remitted more than 30 days after due date (Number of Days past 30 days X .0004931507X [Sum of Line 12 + Line 13 + Line 14])	\$
17	Total Due: (Add line 12 through line 16)	\$

* Prior to claiming any adjustment(s) on this line, you must have submitted previously a Transient Occupancy Tax Claim form and satisfied the requirements of Chapter 4.82 of the San Jose Municipal Code. No adjustments will be made without the prior approval of the Director of Finance. Any adjustments made by you without the prior approval of the Director will be disallowed.

I declare, under penalty of perjury, that the information contained herein is true and correct to the best of my knowledge.

Signature

Name

Title

Phone Numbers

Address

Date

Please provide supporting documents for any exemption claims and return this form with your check payable to City of San Jose. Mail your tax return to City of San Jose, Treasury Division – Payment Processing, 200 East Santa Clara Street 13th Floor, San Jose, CA 95113-1908. **Retain a photocopy for your records.**
 200 E. Santa Clara Street San Jose, CA 95110 **tel.** (408) 535-7055 **fax** (408) 292-6482 www.csjfinance.org Revised 10/2007