



CITY OF MOUNTAIN VIEW

FINANCE AND ADMINISTRATIVE SERVICES DEPARTMENT
500 Castro Street • Post Office Box 7540 • Mountain View • California • 94039-7540
650-903-6316 • Fax 650-968-1786

QUARTERLY TRANSIENT OCCUPANCY TAX RETURN

Quarter Ending: _____

Check here if ownership has changed since last quarter's report. []

Hotel Name: _____

Mailing Address: _____

Hotel Location: _____

- 1. Gross rent from occupancy of rooms for this period: \$_____
2. Less exemption adjustments (as stated in City Ordinance Chapter 33, Section 33.3):
(Note: An exemption claim is required for each occupancy and for each representative.
If the proper form for each exemption is not attached, the exemption will not be allowed.)
A. Occupancies exceeding 30 days: _____
B. Foreign government representatives: _____
C. Federal, state, county, or city employees: _____
D. Prior period adjustments: _____
E. TOTAL OF EXEMPTIONS (sum of Lines 2A through 2D): _____
3. Comped rooms (value of rooms occupied): \$_____
4. Taxable rents (Line 1 minus Line 2E plus Line 3): \$_____
5. Calculate tax (amount on Line 4 times 10 percent): \$_____
6. Add: penalties and interest if remittance is delinquent
A. First 30 days delinquent (amount on Line 5 times 10 percent): \$_____
B. Second 30 days delinquent (amount of Line 5 times 10 percent): \$_____
C. Interest (number of months delinquent (round up for any partial month) times 0.5 percent times amount on Line 5): \$_____
D. TOTAL OF PENALTIES AND INTEREST (sum of Lines 6A through 6C): \$_____
7. TOTAL AMOUNT DUE (add Line 5 plus Line 6D): \$_____

* Make checks payable to: City of Mountain View and mail the original return to the above address.
* Keep copy of return for your records.

Statistical Information – Return in accordance with Mountain View City Code Section 33.6

Total number of rooms in property _____ Total number of room nights available _____
Total number of room nights rented _____ Percent occupancy _____ Average room rate \$ _____

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

Signature _____ Print Name and Title _____ Date _____