

CERTIFICATE NUMBER:  
REPORTING PERIOD:

**COUNTY OF PLACER**  
Revenue Services  
11582 B Ave.  
Auburn, CA 95603  
(530) 889-7786  
E-MAIL: Revserv@placer.ca.gov

**TRANSIENT OCCUPANCY TAX RETURN**  
**TAX IS DUE IMMEDIATELY FOLLOWING THE CLOSE**  
**OF THE REPORTING PERIOD SHOWN.**

**INSTRUCTIONS**

- 1. **EVEN IF THERE IS NO TAX DUE, A TAX RETURN MUST BE FILED EACH REPORTING PERIOD.**
- 2. **DELINQUENT DATE** is the last day of the month following the close of the reporting period.
- 3. **PENALTY:** If paid within 30 days after delinquent date add 10% to amount of tax due (line 4). If paid more than 30 days after the delinquent date add 20% to amount due.
- 4. **INTEREST:** In addition to above penalty, add 1.5% (.015) per month, or fraction thereof, to amount of tax due (line 4).
- 5. **REMITTANCE.** Checks, cashier's checks, and money orders accepted by Revenue Services are subject to collection and do not constitute payment until cleared.
- 6. **CHANGE OF ADDRESS OR OWNERSHIP** must be reported immediately to Revenue Services.
- 7. **IF BUSINESS IS SOLD OR SUSPENDED,** the final return and payment shall be sent immediately to Revenue Services.

- 8. **NUMBER OF RENTAL UNITS/DAYS AVAILABLE:** This number is derived by multiplying the number of units available for rent times the number of days in the reporting period.  
(i.e., 10 units X 92 days = 920 Unit/Days available.)
- 9. **NUMBER UNIT/DAYS OCCUPIED:** This number requires an auditable record of the number of units actually rented each day during the reporting period.  
**EXAMPLE:** 10 units available - Day 1-5 units occupied; Day 2-10 units occupied; Day 3-7 units occupied. Continue this method through the end of the reporting period. The unit/days occupied will then be the arithmetical total of the number of units occupied each day.

**NOTE:** When any occupancy unit is rented more than 1 time each day, then the actual number of times is to be recorded and counted as a separate occupancy.

**COUNTY OF PLACER TRANSIENT  
OCCUPANCY TAX RETURN TAX IS DUE  
IMMEDIATELY FOLLOWING THE CLOSE  
OF THE REPORTING PERIOD SHOWN.**

**PLEASE BE SURE TO COMPLETE AND SIGN THE TAX WORKSHEET ON REVERSE**

11582 B Ave.  
Auburn, CA 95603

Change Service Requested

#BWNFMTN  
#0538 4100 0154 5179#

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**MAKE CHECK PAYABLE AND REMIT TO:**

County of Placer  
Revenue Services  
11582 B Ave.  
Auburn, CA 95603



CERTIFICATE NUMBER:

ACCOUNT:

REPORTING PERIOD:

**TAX RETURN MUST BE FILED EVEN THOUGH NO TAX IS DUE**

1	GROSS RENTAL INCOME	\$
2	EXEMPT-ROOMS OCCUPIED MORE THAN 30 DAYS	\$
3	TAXABLE RECEIPTS (line 1 less line 2)	\$
4	AMOUNT OF TAX DUE (10% OF 3)	\$
5	PENALTY (See No 1 of Instructions)	\$
6	INTEREST (See No 2 of Instructions)	\$
7	TOTAL AMOUNT DUE (lines 4 to 6 inclusive)	\$
8	Are rental receipts under this certificate number ever reported by another individual(s)	YES <input type="checkbox"/> NO <input type="checkbox"/>
9	NUMBER OF RENTAL UNIT/DAYS AVAILABLE DURING THIS REPORTING PERIOD (See No 8 of Instructions)	
10	NUMBER OF UNIT/DAYS OCCUPIED DURING THIS REPORTING PERIOD (See No. 9 of Instructions)	

*ITEMS 1 THROUGH 10 MUST BE COMPLETED BY ORDER OF THE TAX ADMINISTRATOR*

(Retain this portion for your records)

(Please return this portion with your remittance)

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ACCOUNT:

REPORTING PERIOD:

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8	Are rental receipts under this certificate number ever reported by another individual(s)	YES <input type="checkbox"/> NO <input type="checkbox"/>
9	NUMBER OF RENTAL UNIT/DAYS AVAILABLE DURING THIS REPORTING PERIOD (See No 8 of Instructions)	
10	NUMBER OF UNIT/DAYS OCCUPIED DURING THIS REPORTING PERIOD (See No. 9 of Instructions)	

*ITEMS 1 THROUGH 10 MUST BE COMPLETED BY ORDER OF THE TAX ADMINISTRATOR*

By signing this worksheet I certify that it is an accurate return and that I am authorized to complete this worksheet on behalf of the certificate holder.

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Account Name: \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_