

**COUNTY OF TRINITY
TRANSIENT OCCUPANCY TAX RETURN**

Pursuant to Trinity County Code Chapter 3.28

Mail completed form to:

Trinity County Treasurer-Tax Collector
P.O. Box 1297
Weaverville, CA 96093-1297
(530) 623-1251

Business #: 200
Certificate #: 1000
Quarter Close : September 30, 2019
Due Date: October 31, 2019

Attn: William & Josephine Dunham
Route 2 Box 460
Trinity Center CA 96091

-
- | | | |
|---|----|-----------|
| 1. Total receipts for RV spaces, Campsites, Tent Site, etc. | \$ | _____ |
| 2. Total receipts for Room Rentals (Hotel, Motel, Cabin or Room) | \$ | _____ |
| 3. Total receipts for House Rentals (Vacation Rentals, Fishing Cabins, etc) | \$ | _____ |
| 4. TOTAL RECEIPTS from RENTALS (Lines 1, plus Line 2, plus Line 3) | \$ | _____ |
| 5. Receipts for rooms or spaces over 30 Day Occupancy | \$ | (_____) |
| 6. Rents Facilitated through Airbnb | \$ | (_____) |
| 7. TOTAL Authorized Deductions (Line 5, plus Line 6) | \$ | (_____) |
| 8. TOTAL TAXABLE RECEIPTS (Line 4, minus Line 7) | \$ | _____ |
| 9. TRANSIENT OCCUPANCY TAX DUE: (Multiply Line 8 by 5%) | \$ | _____ |

MAKE CHECKS PAYABLE TO: TRINITY COUNTY TAX COLLECTOR

-----If Delinquent Continue Below-----

RETURN IS DELINQUENT AFTER ONE MONTH FROM CLOSE OF PERIOD

- | | | |
|---|----|-------|
| 10. Penalty for Delinquency-After Due Date (Multiply Line 9 by 10%)
(Add for the first month after delinquent) | \$ | _____ |
| 11. Interest Due @ .5% (Add for each additional month or fraction thereof) | \$ | _____ |
| 12. Delinquency-More than 30 Days (Multiply Line 9 by 10%) | \$ | _____ |
| 13. TOTAL TAX, PENALTIES AND INTEREST: | \$ | _____ |

A return must be filed, even if there are no receipts to report this quarter.

Returns and Payments are due immediately upon cessation of business for any reason. Please complete entire form. Incomplete forms may be returned to you and delinquent penalties may apply. Please contact this office if you have any questions regarding this form or the county code.

I hereby declare, under penalty of making a false statement, that to the best of my knowledge and belief, the statements herein are true and correct.

Signed By: _____

Signature	Title	Phone	Date
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Return this completed form with payment

Status: C

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Signed By: _____

Signature

Title

Phone

Date

Keep this copy for your records

Status: C