

City of South Lake Tahoe Transient Occupancy Tax Return for Rental Agents

For Period Beginning _____ and Ending _____
Return Due on the 15th of the month following the Period Ending Date

NOTICE: ALL OPERATORS OF RENTAL UNITS MUST SUBMIT A REPORT FOR EACH PERIOD. IF THERE IS NO TAX PAYABLE, WRITE THE WORD 'NONE' ON LINES A AND I. IF BUSINESS IS SOLD OR SUSPENDED, CLOSING RETURN MUST BE FILED AND OUTSTANDING TAX PAID IMMEDIATELY. PLEASE DON'T FORGET TO SIGN AND DATE THIS RETURN.

APN - Property Address Owner Home - Phone Owner Address, City, State Zip Business ID - Permit # - Permit Expiration	Changes To Client?	(A) Gross Rent For Occupancy of Unit	(B) Total Allowable Deductions**	(C) Taxable Rents (A Less B)	(D) Tax Payable ____% of Column C	(E) Tax Payable Measure P 2% of Column C	(F) Total Number of Nights Unit Was Rented (SLT TID)	(G) Number of Nights Multiplied by \$4.50 (SLT TID Dollars)	Total Number of Nights Unit Was NOT AVAILABLE for Rent
Total \$:		\$	\$	\$	\$	\$	#	\$	#

MAKE REMITTANCE PAYABLE TO:

CITY OF SOUTH LAKE TAHOE
TOT COLLECTIONS
1901 AIRPORT ROAD, SUITE 210
SOUTH LAKE TAHOE, CA 96150

TELEPHONE: (530) 542-6012
EMAIL: revenue@cityofslt.us

Please check here if there are any changes to the managed properties.

VHR Agent: _____
Number of Properties Represented: _____
BUSINESS LICENSE: _____

A. GROSS RENT FOR OCCUPANCY OF UNITS A \$ _____

B. LESS TOTAL ALLOWABLE DEDUCTIONS (sum of items a+b+c)** B \$ _____

a. OCCUPANCY OVER 30 DAYS a.\$ _____

b. FOREIGN DIGNITARIES/US FEDERAL EMPLOYEES b.\$ _____

c. OTHER c.\$ _____

C. TAXABLE RENTS (LINE A LESS LINE B) C \$ _____

D. TAX PAYABLE (____% OF LINE C) D \$ _____

E. TAX PAYABLE MEASURE P (2% OF LINE C) E \$ _____

F. SLT TID - NIGHTS RENTED F # _____

G. SLT TID DOLLARS (LINE F MULTIPLIED BY \$4.50) G \$ _____

H. TOTAL PENALTIES AND INTEREST (total items a+b+c) H \$ _____

a. FIRST PENALTY (10% if received after the due date) a.\$ _____

b. SECOND PENALTY (10% if recd after the due date - 2nd month) b.\$ _____

c. INTEREST (1.5% per month if received after the due date) c.\$ _____

I. TOTAL DUE (SUM OF LINES D, E, G AND H) I \$ _____

Payment is due in our office on the 15th of the month following the period ending date. If the 15th falls on a weekend or holiday, the due date is the next business day. Postmarks are not accepted. Penalties and interest begin accruing the day following the due date; no exceptions.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature: _____ Title: _____ Date: _____

**Refundable pet deposits, movie/DVD/VCR fees, cancellation insurance fees, telephone charges, parking, actual costs of goods and services included in 'package plans', restaurant and gift shop revenue, complimentary/donations of rooms.....".