

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 Name - 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 10% 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 \$5.50 (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 LISA MALOFF WAY, 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 (10% OF LINE C) | D. \$ _____ |
| E. TAX PAYABLE MEASURE P (2% OF LINE C) <i>DO NOT COMBINE LINE D & E</i> | E \$ _____ |
| F. SLT TID - NIGHTS RENTED | F.# _____ |
| G. SLT TID DOLLARS (LINE F MULTIPLIED BY \$5.50) | 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 - 2 nd 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 good and services included in 'package plans', restaurant and gift shop revenue, donations of rooms and such other similar fees, charges and costs as may be determined by the City Code to be exempt from tax.