CITY OF CARPINTERIA
TRANSIENT OCCUPANCY TAX REMITTANCE

ESTABLISHMENT NAME:_____

TOT REGISTRATION CERTIFICATE #_____

RENTAL STREET ADDRESS AND UNIT #_____

ADDRESS OF OWNER/MANAGER_____   _____

Mail This Form and Remittance to:

Unit APN   _____

City of Carpinteria
5775 Carpinteria Avenue
Carpinteria California 93013

Owners Name   _____

Owners Address _____

City, State, Zip

Pursuant to Carpinteria Municipal Code Chapter 3.20, this return must be completed and submitted with payment on or before the last day of the month following the close of each calendar quarter or at the close of any shorter reporting period which may be established by the city clerk.

This return Is for the period beginning (mm/dd/yy) ___ /___/___ and ending (mm/dd/yy) ___ /___/___

A. Enter the total rents received for the period

$ _____

B. Allowable deductions (see below*)

$ _____

C. Subtract line B from line A)

$ _____

D. Enter 12% of the amount on line C

$ _____

E. Enter 10% of line D if paid after due date
(for each month past due)

$ _____

F. ENTER TOTAL AMOUNT REMITTED (add lines D and E)

$ _____

I certify under penalty of perjury that all information in this report is, to the best of my knowledge, true, correct and complete.

Prepared by / Signed _____   Print name_____

Date _____ Phone Number (_____)_____email_____

*ALLOWABLE DEDUCTIONS:

   (1) Rents received for rooms occupied for more than thirty days by the same tenant by prearranged written agreement. See CMC Chapter 3.20 UNIFORM TRANSIENT OCCUPANCY TAX for complete information.

FOR QUESTIONS REGARDING TRANSIENT OCCUPANCY TAX PLEASE CALL (805) 684-5405 X 448. JohnT@ci.carpinteria.ca.us