

**CITY OF SANTA CRUZ
TOURISM MARKETING DISTRICT ASSESSMENT RETURN**

Business or Property Name: _____

Reporting Period:

☐ Month: _____

☐ Other - specify: _____

1. TOTAL OCCUPIED ROOM NIGHTS (each room/unit x occupied nights)	2	
2. LESS ROOM NIGHT EXCEPTIONS	3	
3. TOTAL ROOM NIGHTS ASSESSED (Line 1-Line 2)	4	
4. TIER RATE: TIER 1 (\$1.75), 2 (\$2.25), 3 (\$2.50) or 4 (\$3.00)	5	
5. Total Tourism Assessment Due (Your Tier Rate x Line 3)		
6. LATE PENALTY (10% x Line 7 for first 30 days late + Additional 15% x line 7 for over 30 days late)	6	
7. INTEREST (1.5% x Line 7 x number of months late)	8	
8. TOTAL ASSESSMENTS, PENALTY AND INTEREST DUE (Sum of Line 5, 6, and 7)	9	

I declare under penalty of perjury that the information contained herein is true and correct.

Signature

Date

Title

Phone Number

The TMD assessment is due at the same time as your Transient Occupancy Tax and should be submitted together.

Please remit to: City of Santa Cruz Finance, Attn: Revenue Division,
809 Center Street, Room 101, Santa Cruz, CA 95060

Phone – 831-420-5070 Email – revenue@cityofsantacruz.com