CITY OF SANTA CRUZ TOURISM MARKETING DISTRICT ASSESSMENT RETURN

Business or Property Name:		
Reporting Period:		
☐ Month:		
☐ Other - specify:		
TOTAL OCCUPIED ROOM NIGHTS (each room/unit x occupied nights)	1	
2. LESS ROOM NIGHT EXCEPTIONS	2	
3. TOTAL ROOM NIGHTS ASSESSED (Line 1- Line 2)	3	
4. TIER RATE: TIER 1 (\$2.15), 2 (\$2.80), 3 (\$3.15) or 4 (\$4.05)	4	
5. Total Tourism Assessment Due (Your Tier Rate x Line 3)	5	
6. LATE PENALTY (10% x Line 5 for first 30 days late + Additional 15% x line 7 for over 30 days late)	6	
7.INTEREST (1.5% x Line 5 x number of months late)	7	
8.TOTAL ASSESSMENTS, PENALTY AND INTEREST DUE (Sum of Line 5, 6, and 7)	8	
9. CREDIT CARD FEE (3% of Line 8)- Only to be added when paying with Credit Card	9	
10. TOTAL DUE (Sum of Lines 8 & 9)	10	
I declare under penalty of perjury that the information contained herein is true and correct.		
Signature		Date
	together.	
** Returns are subject to review by the Finance Department. If anything additional is owed, you will be		

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contacted by email or letter.

www.cityofsantacruz.com

1200 Pacific Ave Suite 290 Santa Cruz, CA 95060 809 Center Street Room 101 Open Mon-Thurs 7:30AM-11:30 AM