

# CITY OF WATSONVILLE

## FINANCE DEPARTMENT: REVENUE DIVISION

MAILING: 250 MAIN STREET, WATSONVILLE, CA 95076  
(831) 768-3452 FAX: (831) 763-4066



Date: \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

- ☐ July- September (1<sup>st</sup> Quarter)  
**Due: October 30**
- ☐ October – December (2nd Quarter)  
**Due: January 30**
- ☐ January – March ( 3<sup>rd</sup> Quarter)  
**Due: April 30**
- ☐ April – June (4<sup>th</sup> Quarter)  
**Due: July 30**

Completed return must be submitted with payment and received or postmarked by the due date.

|           |   |           |                       |    |
|-----------|---|-----------|-----------------------|----|
| <b>1</b>  | Maximum Number of Hotel Rooms (correct if total differs)  | <b>1</b>  |                       |    |
| <b>2a</b> | Total Occupied Room nights  | <b>2a</b> |                       |    |
| <b>2b</b> | Less: rooms occupied or leased for at least 30 days   | <b>2b</b> |                       |    |
| <b>2c</b> | Total Room Nights applicable for Tourism Assessment   | <b>2c</b> | Line [2a] - Line [2b] |    |
| <b>2d</b> | <b>Tourism Assessment Due (RAS# 5089)</b><br>Multiply line 2c by tier rate:<br>Tier Rate: Tier 1 (\$2.15), 2 (\$2.80), 3 (\$3.15), 4 (\$4.05) | <b>2d</b> |                       | \$ |
| <b>2e</b> | <b>Total Tourism Assessments Due</b>  | <b>2e</b> |                       | \$ |
| <b>3</b>  | Gross rent for occupancy of rooms   | <b>3</b>  |                       | \$ |
| <b>4a</b> | Less: Rent for occupancy of residents staying for at least 30 days  | <b>4a</b> | \$                    |    |
| <b>4b</b> | Less: Rent Covered by Government Agency Exemption Certificates  | <b>4b</b> | \$                    |    |
| <b>4c</b> | Total Allowable Deductions  | <b>4c</b> | Line [4a] + Line [4b] | \$ |
| <b>5</b>  | Taxable Rents   | <b>5</b>  | Line [3] – Line [4c]  | \$ |
| <b>6</b>  | <b>12% Transient Occupancy Tax Due (RAS# 5081)</b>  | <b>6</b>  | 12% of Line [5]       | \$ |
|           |   |           |                       |    |
| <b>7</b>  | <b>Total Tourism Assessment &amp; Transient Occupancy Tax Due (make payable to City of Watsonville)</b>                                       | <b>7</b>  | Line [2e] + Line [6]  | \$ |

Complete section below only if return is past due

|           |  |           |                          |    |
|-----------|--|-----------|--------------------------|----|
| <b>8a</b> | 10% Penalty if postmarked 30 days past due date                    | <b>8a</b> | 10% of Line [7]          | \$ |
| <b>8b</b> | 10% Penalty if postmarked or received 31 or more days past due     | <b>8b</b> | 10% of Line [7]          | \$ |
| <b>8c</b> | ½ % Interest per month or fraction thereof                         | <b>8c</b> | 0.5%/month of Line [7]   | \$ |
| <b>8d</b> | Total Penalties & Interest   | <b>8d</b> | Lines [8a] + [8b] + [8c] | \$ |
| <b>9</b>  | Total Assessment, Transient Occupancy Tax and Penalties & Interest | <b>9</b>  | Line [7] + Line [8d]     | \$ |
|           |  |           |                          |    |

**I represent, under penalty of perjury, that I am authorized to submit this tax remittance, that all above statements are true, correct and hereby authorize verification of these items.** I acknowledge that this tax remittance is delinquent after 1 calendar month from the close of the quarterly reporting period and that the late penalties of 10% will be assessed on the tax balance due for the first and second monthly delinquency in addition to interest at ½% of the tax due per month, or fraction thereof, from delinquent date.

I further agree to notify the Finance Department immediately of any change of address and that if the business is disposed of or suspended a closing return must be filed immediately at City Hall (250 Main Street) with the applicable taxes due.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_