

SANTA CRUZ COUNTY TOURISM MARKETING DISTRICT

Monthly Assessment Submittal Form - 2024/2025

(Note: This is a countywide assessment, not a city tax)

For the Month of: _____	Due Date: _____ (Last calendar day following month of tax)
Business Name: _____	
Mailing Address: _____	
Contact Person: _____	
Contact Email and Phone #: _____	
Rental Location (Street Address): _____	

TOURISM MARKETING DISTRICT ASSESSMENT:

TOTAL HOTEL ROOMS OR RENTAL UNITS

- | | |
|--|----------|
| 1. Total number of occupied room nights sold in this month | 1. _____ |
| 2. Deductions: <input type="checkbox"/> Long Term (more than 30 consecutive days) <input type="checkbox"/> Other _____ | 2. _____ |
| 3. Total room nights assessed (Line 1 minus Line 2) | 3. _____ |
| 4. Enter your Tier Rate (check one below): | 4. _____ |

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Tier 1 - \$2.20 per room or unit per night |
| <input type="checkbox"/> | Tier 2 - \$2.85 per room or unit per night |
| <input type="checkbox"/> | Tier 3 - \$3.20 per room or unit per night |
| <input type="checkbox"/> | Tier 4 - \$4.10 per room or unit per night |

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| 5. Total Assessment Due: (line 3 x line 4) | 5. _____ |
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Penalty and Interest: DO NOT complete Lines 6 and 7 unless payment is remitted after the due date.

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|---|----------|
| 6. Late Penalty (10% x Line 5 for first 30 days late + Additional 15% x Line 5 for over 30 days late) | 6. _____ |
| 7. Interest (1.5% x Line 5 x number of months late) | |
| a) Number of days past due [_____] | |
| b) Fraction of month past due: divide Line 7a by 30 [_____] | |
| c) Interest: prorated 1.5% per month (Multiply Line 5 x 7b x 1.5%) | 7. _____ |
| 8. TOTAL ASSESSMENT, PENALTY AND INTEREST DUE TO CITY OF SCOTTS VALLEY
(Sum of Lines 5, 6, AND 7) | 8. _____ |

This form and any amounts due must be received or postmarked by the last day of the calendar month following the month of tax. If the due date falls on a weekend or Holiday, the due date will be the next business day. You must complete and return this form each month, whether or not any activity occurred. Please make your check payable to City of Scotts Valley.

Under penalties of perjury, I certify that the foregoing is true and correct and I certify that this information agrees with the records of the stated operator, as required by Scotts Valley Municipal Code, Chapter 3.24.

Signature	Title	Date
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This assessment is due at the same time as your Transient Occupancy Tax and should be submitted together.

Please remit to: City of Scotts Valley, Attn: Finance Dept., 1 Civic Center Drive, Scotts Valley, CA 95066