



County of Santa Cruz

EDITH DRISCOLL, AUDITOR-CONTROLLER-TREASURER-TAX COLLECTOR
701 OCEAN STREET, SUITE 150, SANTA CRUZ, CA 95060-4073
POST OFFICE BOX 5639, SANTA CRUZ, CA 95063 • PHONE (831)454-2510 • FAX (831)454-2257

Rental Name & Address:

Remitter Name & Address:

Phone: _____ Email: _____

REPORTING QUARTER (2024/2025):

CERTIFICATE NO. _____

Q1 Jan-Mar ☐ **Q2** Apr-Jun ☐ **Q3** Jul-Sep ☐ **Q4** Oct-Dec ☐

To file this reporting form timely, it is due on or before the last day of the month following the reporting quarter. All fields must be filled in completely or the form may be returned, and penalties may be assessed.

HOTEL/MOTEL TRANSIENT OCCUPANCY TAX (TOT)

GROSS RECEIPTS from rental units (non AirBNB receipts only) \$ _____

DEDUCTIONS – Long term (more than 30 consecutive days) rental receipts \$ _____

NET TAXABLE RECEIPTS \$ _____

TAX DUE (12% of taxable receipts) (A) \$ _____

TOURISM MARKETING DISTRICT FEE (TMD)

Not applicable unless rental unit has been specifically identified to be assessed TMD fees

Total Number of **Occupied Room Nights** Sold in this Quarter _____

Less: Rooms Occupied or Leased for at least 30 days (_____)

Total Room Nights applicable for TMD (line 1 less line 2) _____

Tier Rate: Tier 1(\$2.20), Tier 2(\$2.85), Tier 3(\$3.20), or Tier 4(\$4.10) _____

TOTAL TMD DUE = Tier Rate X Total Room Nights (B) \$ _____

If your **TOT reporting and payment is made after the due date, a penalty of 10% of the TOT and TMD amounts is added, along with 1.5% interest.** After 30 days following the delinquent date, an additional 15% is added plus the interest of 1.5%. Interest will continue at 1.5% a month until paid in full. A \$60 return check fee will also be added for any check returned unpaid in addition to applicable late payment penalties/interest.

Penalty and Interest if paid after Due Date (C) \$ _____

TOTAL TAX AND TMD fee including penalty and interest if paid after due date (A + B + C) = \$ _____

I declare, under penalty of perjury, that the above is true and correct to the best of my knowledge and belief.

Signature _____

Date _____

Printed Name _____

Title _____