City of Hesperia
Finance Division

TAX RETURN
HOTEL TRANSIENT OCCUPANCY TAX

You are required to complete this return and pay the tax pursuant to City of Hesperia Code Section 3.10.

This return, accompanied by your remittance and exemptions claims, if any, must be filed with the Finance Division.

Business Name: _____

Owner/Manager: _____

Phone Number: _____

Mailing Address: _____

City, State, Zip: _____

Reporting Period: Please select the reporting month

Month: ___ Jan ___ Feb ___ Mar ___ Apr ___May ___ Jun **Year:** _____

___ July ___Aug ___Sept ___ Oct ___ Nov ___ Dec

Due on or before the last day of each calendar month following the close of the reporting calendar month.

A Penalty of ten percent (10%) will be added after delinquent date and an additional penalty of ten percent (10%) will be added if delinquent more than thirty days, plus interest of one-half of one percent (0.50%) per month, or fraction thereof on the amount of tax.

1	Total Receipts from Room Rentals		$
2	Over 30 day Occupancy Exemption (From worksheet on the back)	$	
3	Rooms Occupied by Government Official or Employees on Official Business (From worksheet on the back)	$	
4	Total Exemptions and Adjustments (Add lines 2 and 3)		$
5	Taxable Rents (Subtract line 4 from line 1)		$
6	Tax: (10% of line 5)		$
7	Penalty: 1-30 Days Late (10% of 6)		$
8	Penalty: Over 30 Days Late (10% of 6 & 7)		$
9	Interest (Amount on Line 6 x .005 x Number of Delinquent Days ÷ 30)		$
10	Total Tax Due: (Add Line 6 through line 9)		$

I declare, under penalty of perjury, that the information contained herein is true and correct to the best of my knowledge.

Signature **Title** **Date**

Please ensure that both sides are completed and return this form with payment to the City of Hesperia Finance Division. Retain a photocopy for your records.

Mail to: City of Hesperia
Tax Collector
9700 Seventh Avenue
Hesperia, CA 92345

Exemption Claim Type:

All Supporting documentation must be kept on file with the hotel for a minimum of three-years and is subject to audit.

1. Occupancy more than 30 days.
2. Officer or employee of foreign government exempt by federal law or international treaty (Requires copy of Tax Exemption Card).
3. Official or employee of government agency exempt by federal law (Requires Exemption Affidavit).

Room Number	Occupant/Organization Name	Claim Period From/To	Amount for Exempt. Claim Type 1	Amount for Exempt. Claim Type 2 & 3
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Total Amount for Exemption Claim Type 1 (Transfer to line 2 on tax return form): **$** _____

Total Amount for Exemption Claim Type 2 & 3 (Transfer to line 3 on tax return form): **$** _____