

CITY OF SARATOGA

13777 Fruitvale Avenue
Saratoga, CA 95070
(408) 868-1200

TRANSIENT OCCUPANCY TAX RETURN

REPORTING PERIOD:

For the month ended: _____, 201__

or

For the quarter ended: _____, 201__

OPERATOR INFORMATION:

Name of Hotel _____

Hotel Address _____

Saratoga, CA _____

Hotel Contact Name _____

Phone Number _____

OCCUPANCY TAX CALCULATION:

Total Rent charged during reporting period:	\$	-
Less: Complementary Meals Subject to Sales Tax		-
Less: Non Transient Rents (to be supported by exemption forms)		-
Net Rent Charged During Reporting Period		-

Multiply by Transient Occupancy Tax Rate 0.10%

Total Occupancy Tax Due \$ -

CERTIFICATION

I hereby declare under penalty of perjury that the foregoing is true, correct, and complete.

Signature of Operator _____

Print Name: _____

Date: _____