



**CITY OF MILLBRAE**  
**TRANSIENT OCCUPANCY TAX RETURN**

Name of Business \_\_\_\_\_ Certificate Number \_\_\_\_\_

Address \_\_\_\_\_ Number of Rooms \_\_\_\_\_

Total Room Nights Rented for the Month \_\_\_\_\_

Period from \_\_\_\_\_ through \_\_\_\_\_

The tax for each month will be delinquent if not paid by the end of the following month. A penalty of 10% will be added after delinquent date and an additional penalty of 10% more will be added if delinquent more than thirty days.

1. Total Room rent (Section 3.30.020.E MMC) \$ \_\_\_\_\_

**EXEMPTIONS**

2. Non-Transients (Section 3.30.020.D MMC): \$ \_\_\_\_\_

3. State, federal, or foreign government employees (Section 3.30.030 MMC): \$ \_\_\_\_\_

4. Other (Specify) \$ \_\_\_\_\_

5. TOTAL EXEMPTIONS: \$ \_\_\_\_\_

6. TAXABLE RECEIPTS (Line 1 less Line 5) \$ \_\_\_\_\_

7. AMOUNT OF TAX TO BE REMITTED (14% of Line 6) \$ \_\_\_\_\_

8. Interest (*if late*) \$ \_\_\_\_\_

9. Penalty (*if late*) \$ \_\_\_\_\_

**TOTAL DUE \$ \_\_\_\_\_**

\*MMC = Millbrae Municipal Code (available on-line at [www.ci.millbrae.ca.us](http://www.ci.millbrae.ca.us)).

**CERTIFICATE**

I, under penalty of perjury hereby certify that I have examined this report and that the statements made and the figures shown herein and in any accompanying schedules are to the best of my knowledge and belief a true and complete return, made in good faith for the period stated.

(SIGNED) \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_ (Owner, Partner, Agent or Officer if Corporation, Trustee, etc.)

**NOTE: Payment is due immediately upon cessation of business.**