



CITY OF MILLBRAE
TRANSIENT OCCUPANCY TAX RETURN

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

Address \_\_\_\_\_

Number of Room Nights Available for Rental During the Month \_\_\_\_\_

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

Total Hosted Nights \_\_\_\_\_ Total Non-Hosted Nights \_\_\_\_\_

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

The tax for each month will be delinquent if not paid by the 10th 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): \$ \_\_\_\_\_
(MUST use an Exemption Form with valid proof)

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

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

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

7. AMOUNT OF TAX TO BE REMITTED (12% 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).

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.

Finance Department (650) 259-2350