



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 _____

(For Short Term Rental) 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