111 Greenwood Rd
PO Box 458
Blue Lake CA 95525
707.668.5655

Payment is due by the last day of the month in which the report is due

TRANSIENT OCCUPANCY TAX QUARTERLY REPORT

(BLMC 3.05)

Business Name: *If applicable* _____

Rental Address: _____

Business License Number: *Required* _____

Business Owner: _____

Owner Mailing Address: _____

Owner Telephone Number: _____ Email: _____

CALENDAR YEAR: 20 ____

1st Quarter (Jan, Feb, Mar): ☐ 2nd Quarter (Apr, May, Jun): ☐

3rd Quarter (Jul, Aug, Sep): ☐ 4th Quarter (Oct, Nov, Dec): ☐

1. **Gross Rent**. (The total amount of all rent collected during the reporting period from the occupancy of all rooms for stays less than 30 consecutive days) Including rents from ALL platforms. **1**.$_____
2. **Less Allowable Deductions.** (Rent covered by Government Agency Exemptions Certificates. Attach copies of certificates.) **2**.$_____
3. **Sub Total.** (Line 1 minus Line 2) **3**.$_____
4. **Transient Occupancy Tax Due.** (10% of line 3) **4**.$_____
5. **Total Remittance** **5**.$_____

If Delinquent Continue Below:

RETURN IS DELINQUENT AFTER ONE CALENDAR MONTH FROM CLOSE OF PERIOD

6. **Penalty.** (10% of line 5, pursuant to Blue Lake Municipal Code 3.05.070) **6**.$_____
7. **Total Tax, with Penalty.** **7**.$_____

A return MUST be filed with the City Clerk, even if there is no tax revenue to submit. Be sure this form is filled out completely and correctly

CERTIFICATION:

I declare under penalty of perjury that to the best of my knowledge all information on this report is true and correct

Signature of Owner or Representative _____ **Title** _____ **Date** _____

----------OFFICE USE ONLY----------

Date Paid: _____ Amount Paid: _____ Payment Type: ☐ Cash ☐ CC ☐ Check # _____

Received by: _____