Department of Finance

Make check payable to: Sacramento County

874-8700 or by email at Finance-TOT-UUT@saccounty.gov.

Mail return and payment to:

Chad Rinde Director



County of Sacramento

Divisions
Auditor-Controller
Consolidated Utilities Billing &
Services
Investments
Revenue Recovery
Tax Collection & Licensing

Treasury

Цa		SIENT OCCUPANCY TAX	` '	
	otel Name: ldress:		Name:	
	ty/State/Zip:	Address Citv/State	s e/Zip:	
		Business	License Number:	
	eporting Period:			
	ue Date:			
De	elinquent Date:			
Ge	eneral Information			
	 A. File return even though no t B. Retain all records substantia C. A Transient Occupancy Taxoccurs. D. The tax is due on or before collected. 	ating this return for three year x Clearance Certificate needs	to be obtained when a cha	
pe RE	ATE PAYMENTS: If the tax is no ercent (10%), plus interest of on ENTAL REPORTING DATA: Gross Rent for all Rooms			
1.	Less: Rent from Permanent Re Less: Rent from Government E Total Deductions	\ <u></u>)) ()
	Net Taxable Rent		\$	
	Tax (12% of Line 2)		\$	
	Penalty (Within 30 days = 10%	•	,	
	Interest (1 1/2% of Line 3) per mo		\$	
6.	TOTAL PAYMENT ENCLOSED) (Sum of Lines 3, 4, and 5)	\$	
	entries in this report are submitte nalty of perjury that the foregoing			
Pr	eparer Name (Print & Sign)	Title	Phone/Email	Date

Sacramento County, Report & Account Services Unit – TOT, 700 H Street, Room 1710, Sacramento, CA 95814. If you have questions regarding this form or the Transient Occupancy Tax, please contact staff by phone at 916-