SACRAMENTO TOURISM MARKETING DISTRICT
ASSESSMENT RETURN

Hotel/Motel: ______________________________________ Reporting Period: ______________________
Address: ____________________________________ Due Date: __________________________
City/State: ______________________________________ Delinquent Date: _______________________

Geographic Zone __________ Assessment Rate __________

General Information
A.  File return even though no assessment may be due.
B.  Retain all records substantiating this return for three years.
C.  The assessment is due on or before the last day of the month following the reporting period in which it was collected.

LATE PAYMENTS: If the assessment is not paid by the due date, a ten percent (10%) penalty is added, plus a daily interest penalty at the annual rate of six percent (6%) accrues, beginning with the first day of delinquency. If payment is not remitted within 30 days after the due date an additional 10% penalty is added at the beginning of the second month of delinquency for a total of 20% of the assessment amount owed.

RENTAL REPORTING DATA:
1.  Gross Rent for all Rooms: $___________________
    Less:  Rent from Permanent Residents (stays of 30 consecutive days or more)
          and for airline crews per STMD resolution (____________________)
2.  Net Rent: $___________________
3.  Assessment: (___% of Line 2) $___________________
4.  Penalty: (Within 30 days = 10% of Line 3, After 30 days = 20%) $___________________
5.  Interest: If the assessment is late this will be the amount of interest owed.
     (Line 3 x 6% divided by 365 = daily rate. Daily rate x number of days late.) $___________________
6.  TOTAL PAYMENT ENCLOSED: (Sum of Lines 3, 4, and 5) $___________________

All entries in this report are submitted based on general ledger and accounts available for review. I certify under penalty of perjury that the foregoing statements are true, correct, and complete to the best of my knowledge.

_____________________________     _________________________      ____________________   __________
Preparer Name                  Title                               Phone                        Date

Make check payable to: Sacramento County
Mail return and payment to:
Sacramento County, Report & Account Services Unit – STMD, 700 H Street, Room 1710, Sacramento, CA 95814.

If you have questions regarding this form, please contact staff at 916-874-7844.